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SOCIETY OF CANADIAN SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES—SECOND ANNUAL CONVENTION.

On Thursday, October 8th, at 10.30 a.m., in the Lady Stanley Institute, Ottawa, the Convention was called to order by the President, Miss Snively, and His Lordship the Bishop of Ottawa opened the proceedings with prayer.

Addresses of welcome were delivered by Mr. J. W. Woods, President of the Lady Stanley Institute, and His Worship Mayor Scott. The President gracefully expressed the thanks of those present to the Lord Bishop, the Mayor, and President Woods, and invited Mr. John Ross Robertson, an honorary member of the Association, whom she referred to as the friend of nurses, as well as the friend of children, to take a seat on the platform. The President's address followed, after which the Secretary, Miss Brent, read her report, which referred to the formation of the proposed Canadian National Society, and stated that the total number of applications for membership during the year was 23—16 active and 7 associate. The Treasurer's report was then presented, showing receipts $209.02, expenditure $177.45, balance $41.57. Mr. John Ross Robertson then delivered an admirable address, full of sympathy with the work of superintendents, and characterized by kindly practical wisdom. "I sometimes think," said Mr. Robertson, "that people are selected by providence to carry out certain work. Anyway, it does seem to me that I have been selected to do what I can to aid the helpless ones, who cannot take care of themselves, and also to be of assistance to the good women who devote their lives to the work of nursing. There is no one in the world more aware of the fact that a great many lady superintendents have, in a great many hospitals, a pretty hard time." Mr. Robertson then spoke of the Association, of the laymen's part in hospital work, of how the hospital should care for nurses, and other important topics.

The President then called upon Miss M. Louise Meiklejohn, Lady Superintendent of the Protestant General Hospital, Ottawa, on the "History of Canadian Hospitals." This paper was of a

particularly interesting and important character, and warm appreciation of it was expressed by the President and by Mr. John Ross Robertson. It is hoped that it will be issued later in permanent form. The chair then invited the delegates of the different societies to meet with the Canadian Society of Superintendents that evening to discuss the formation of a Canadian National Association. The following ladies were also appointed by the President as a Nominating Committee: Miss Shaw (M.G.H.), Miss Chesley (St.L.H.,O.), and Miss Greene (B.G.H.).

Thursday Afternoon.

The chief features of the afternoon's meeting were Miss Brent's paper on "The Trained Nurse in the World's Work To-Day," and Miss Potts' paper on "The Nursing of Children." These papers were of a very high standard of excellence, and were greatly appreciated by the audience. A good discussion followed, in which Miss Stanley, of London; Miss Phillips, of Montreal, and others took part. Miss Chesley, on behalf of the Board of St. Luke's Hospital, then invited the members of the Association to luncheon on Friday at the Golf Club.

Formation of a National Nurses' Association.

The President explained that the Council of the Superintendents' Association, together with the delegates present from all the Nurses' Associations, were now met to consider the advisability of forming a Canadian National Nurses' Association, which should enter the International Council of Nurses, the next meeting of which is to be held in London, in 1909. Miss Snively gave a brief historical account of the formation of Nurses' Associations, dating from the American Superintendents' Association, in 1893, and quoted from Miss Dock, of New York; Mrs. Bedford Fenwick, of London, and other leaders in the nursing profession, advising the formation of this National Association. At the request of the President, Miss Alice J. Scott then read the committee's report, and after a general discussion, it was decided to form a Provisional Committee, and thus organize the National Association.

It was moved by Miss Greene, seconded by Miss Molony, that the name of this committee be "The Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Moved by Miss Stanley, of London, seconded by Miss Scott, of Toronto, and carried, that the following Constitution be adopted and that the objects of this Association shall be:

1. To promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada.

2. Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every coun-

try; to encourage a spirit of sympathy with nurses of other nations, and to afford facilities for national hospitality.

3. To promote the usefulness and honor of the nursing profession.

Moved by Miss Shaw, seconded by Miss Hamilton:

"That the officers of the Provisional Committee shall be a President and Secretary-Treasurer, elected for a period of from three to five years." Carried.

Moved by Miss Stanley, seconded by Miss McFarlane, of Vancouver, and carried:

1. Associations of Nurses, on joining the Canadian National Association of Trained Nurses, shall pay an affiliation fee of five dollars.

2. Each Association affiliated to the Canadian National Association of Trained Nurses shall pay a fee of two dollars for each delegate appointed by it to serve on the National Association.

It was moved by Miss Stanley, seconded by Miss Molony, "That Miss Snively, President of the Canadian Society of Superintendents of Training Schools for Nurses, be elected President of the Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Miss Brent took the chair, and it was moved by Miss Snively, seconded by Miss Chesley, "That Miss Shaw (M.G.H.) be appointed Secretary-Treasurer of the Association." Carried.

The following Associations have joined the new National Association: The Canadian Society of Superintendents of Training Schools for Nurses; Ontario Graduate Nurses' Association; Canadian Nurses' Association, of Montreal; Hamilton Graduate Nurses' Association; Ottawa Graduate Nurses' Association; Manitoba Provincial Nurses' Association; Vancouver Graduate Nurses' Association; Calgary Graduate Nurses' Association; Edmonton Graduate Nurses' Association; Toronto General Hospital Alumnæ Association; St. Michael's Hospital Alumnæ Association, Toronto; Kingston General Hospital Alumnæ Association; Hospital for Sick Children Alumnæ Association, Toronto; Alumnæ Association, Western Hospital, Toronto; Alumnæ Association, Riverdale Hospital, Toronto; General and Marine Hospital Alumnæ Association, St. Catharines, Ont.; Montreal General Hospital Alumnæ Association; General and Marine Hospital Alumnæ Association, Collingwood, Ont.

FRIDAY, 10.30 A.M.

The President announced that very cordial invitations had been received from Miss McFarlane, and the Graduate Nurses, of Vancouver, and from Miss Wilson, of the Winnipeg General Hospital, for Vancouver and Winnipeg, respectively, as the place of the next annual meeting, and also from Miss Stanley and the Board of Victoria Hospital, London. It was decided that the next annual

meeting be held in London. The report of the Nominating Committee was then read, as follows:

President, Miss Stanley, London; First Vice-President, Miss Snively, Toronto; Second Vice-President, Miss Lewis, Montreal; Secretary, Miss Brent, Toronto; Treasurer, Miss Meiklejohn, Ottawa; Councillors, Miss Livingston (Montreal), Miss Mackenzie (Ottawa), Miss Craig (Montreal); Auditors, Miss Sharp and Miss McCall.

Miss Greene, of Belleville, then read an able paper on "Training School History." This was followed by another important paper on "Preliminary Training of Nurses," by Miss Stanley, which was discussed by Miss Shaw and the President.

Miss Chesley then presented a paper of great practical value, entitled "The Day's Work," by Mrs. Harris, Visiting Nurse of the Anti-Tuberculosis Society, of Ottawa.

Miss Shaw then read a paper, which was listened to with great pleasure and attention, on "The Visiting Nurse," after which the Association enjoyed a delightful luncheon at the Golf Club.

Friday Afternoon.

The report of the Nominating Committee was then adopted for the officers, and the Councillors were elected by ballot as above. Votes of thanks were presented to Miss Meiklejohn and the members of the Lady Stanley Institute, to the officers and Board of St. Luke's Hospital, and to the Lord Bishop, the Mayor and Mr. Woods on behalf of the Association.

The retiring President then introduced the new President, who made a brief and happy address, and proposed a vote of thanks to the retiring President, which was carried unanimously. The meeting then adjourned, to meet in London, Ont., next year.

The following new members were elected to the Association:

Active Members.—Miss S. M. Horner, Reception Hospital; Saranac Lake, N.Y.; Miss L. Butler, General Hospital, Brandon; Miss G. Woodland, Western Hospital, Toronto; Miss Jessie Sheraton, Aberdeen Hospital, New Glasgow, N.S.; Miss Isabel Brown, Royal Jubilee, Kenora; Miss Elizabeth McColl, Maternity, Ottawa; Miss Christina Mounsey, Cottage Hospital, Swan River, Man.; Miss Kate McTavish, St. Andrew's Hospital, Atlin, B.C.; Miss Elizabeth O'Connor, Isolation Hospital, Ottawa; Miss Lucy Hurlburt, Muskoka Sanitarium, Gravenhurst; Miss Mary Ard Mackenzie, Chief Superintendent Victorian Order, Ottawa; Miss G. Hastie Hardinge, District Superintendent V. O., Ottawa; Miss Elizabeth Chalmers, General Hospital, Regina, Sask.; Miss Christina McFadyen, General Hospital, Sherbrooke, Que.; Miss Elizabeth Austin, Cottage Hospital, Pembroke.

Associate Members.—Miss K. Gallaher, Assistant Superin-

dent Protestant Hospital, Ottawa; Mrs. Ennis, Assistant Superintendent St. Andrew's Hospital, Atlin, B.C.; Miss M. A. B. Ellis, Assistant Superintendent General Hospital, Toronto; Miss M. F. Grieg, Instructor of Probationers, General Hospital, Winnipeg; Miss M. C. Mathieson, Assistant Superintendent, General Hospital, Winnipeg; Miss Burgess, Head Nurse Maternity Department, General Hospital, Vancouver, B.C.; Miss Rudd, Assistant Superintendent, General Hospital, Vancouver, B.C.

The following delegates were present: Miss L. M. Caven, Mon. Gen. A. A.; Miss L. Baikie, Can. Nurses' A., Montreal; Miss L. C. Phillips, Can. Nurses' A., Montreal; Miss A. M. Colquhoun, Can. Nurses' A., Montreal; Miss Yvonne Baudey, Can. Nurses' A. of Ottawa; Miss Josephine Hamilton, Hospital for Sick Children A. A., Toronto; Miss Emma Elliott, Mack Training School A. A., St. Catharines; Miss M. E. Burgess, Gen. Hosp. A. A., Vancouver, B.C.; Miss B. S. Atkinson, Edmonton A., Alberta; Miss Gunn, T. G. H. A. A., Toronto; Miss Woodland, Miss Brent, O. G. N. A.

Visitors.—Miss L. Tulmer, Atlantic City Hospital; Miss C. B. Monk, Mounds Park Sanitarium, St. Paul, Minn.; Miss M. G. Berry, L. S. Institute, Ottawa.

List of Exhibits

shown by the members of the Canadian Society of Superintendents of Training Schools at St. Luke's Hospital, Ottawa.

ST. LUKE'S HOSPITAL, OTTAWA.

Cardiac Ice Cap Support; Pneumonia Jacket, with Poultice Pocket; Nurses' Dressing Basket; Scultetus Abdominal Binder; Operating Room Gown; Laparotomy Drawers; Public Ward Table Napkin; Ice Hammock.

HOSPITAL FOR SICK CHILDREN, TORONTO.

Spinal Brace; Hip Splint; Knee Splint; Gallie Bed Splint; Box Splint; Individual Thermometer Holder; Japanese Ice Cap; Bottle Holder; Doll with Minerva Splint.

GENERAL PROTESTANT HOSPITAL, OTTAWA.

Catherization Tray; Enemata Tray; Emergency Eye and Throat Tray; Toilet Basket; Cover for Hot-Water Bag; Abdominal Binder; Dressing Rubber for Head.

GENERAL HOSPITAL, TORONTO.

The Gertrude Suit; Ward Slippers; Snively Breast Binder; Snively Obstetrical Leggings; Scultetus Binder; Nightingale Abdominal Section Binder.

GENERAL HOSPITAL, KINGSTON.

Circular Cork Pillow; Catheter Towel; Tonsillotomy Towel; Don-Pad; Cover for Glass Tumbler; Face Mask; Baby's Dress; Individual Tea Cosy.

PRESIDENT'S ADDRESS.*

Ladies, Gentlemen and Members of this Society,—It is our privilege and honor to hold the Second Annual Convention of the Canadian Society of Superintendents of Training Schools for Nurses in the City of Ottawa, the capital city of our great and wide Dominion.

For more than half a century the City of Ottawa has had the enviable distinction of being the seat of our Canadian Government. As loyal British subjects (some of whom visit your city for the first time), we recall with pleasure the fact that the corner-stone of your Parliament Buildings, which are of the Italian-Gothic style of architecture, was laid by the greatest and wisest of monarchs, at that time the Prince of Wales, now His Most Gracious Majesty, King Edward VII., of England.

An additional source of pleasure, and one which, as time goes on, we shall all appreciate more and more, with each succeeding year, is that once more opportunity is afforded us for looking into each other's faces, for clasping each other's hands, and warming each other's hearts.

The kinship which exists between those who are engaged in the same work, especially if that work be such as is represented here this morning, though not at all understood by outsiders, and perhaps only partially understood by ourselves, is one of the strongest and most helpful factors in gatherings such as this, and would in itself be sufficient reason for the existence of our Society.

But we have more tangible cause for congratulation: The increase in the membership of our Society during the past year has been most encouraging.

This Association will be asked to receive into its membership applicants resident on our Atlantic seaboard, others from our Eastern and Western provinces, and also those resident on our Pacific coast. To all of these, I feel assured, this Society will extend the right hand of fellowship, and rejoice over every additional member who will join with us in our endeavor to strengthen and perfect that which is lacking, "according to the working in due measure of each several part (or member), making the increase of the body unto the building up of itself in love."

The privileges, the duties and responsibilities which membership in this organization has entailed during the past year, have been bravely met, not only by your Executive, but by many individual

* Delivered before The Canadian Society of Superintendents of Training Schools for Nurses.

members who have consented to spend much valuable time and labor in the preparation of papers on "The Early History of Hospitals and Training Schools in Canada," as well as in the consideration of other subjects which we will have the pleasure of hearing discussed during the various sessions of this Convention.

Your Executive has aimed to make this annual gathering a time which we shall not only enjoy socially, but educationally, and, I was about to say, spiritually as well.

The urgent need for post-graduate study we have sought to meet, in some measure at least, by means of exhibits of hospital and training school appliances, by demonstrations, and by carefully prepared papers, which deal not only with all that is newest and latest in hospital and training school work, but with present-day questions of vital interest to the nursing profession.

The model society is ever that in which every member performs his or her own part or duty.

For the encouragement of those who have labored for this Society this year, and also to incite to effort those whom we hope to induce to attempt great things in the future, I will quote the words of the late Charles Kingsley:

"Thank God every morning that you have something to do that day which must be done whether you like it or not. Being forced to work and to do your best will breed in you a hundred virtues which the idle never know."

And also of Theodore Roosevelt, who says:

"The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage, that we move on to better things."

It would seem only natural on this occasion, when the nursing profession in Canada has begun to awaken, and to take time to consider her possibilities, that she should remember the position which trained nursing holds in the world to-day.

In the year 1906, there was published in London, England, "The History of Nursing in the British Empire," by Sarah Tooley, the author of "The Life of Florence Nightingale." In the preface of this most interesting volume, which deserves the most careful consideration of every trained nurse, we read the following: "The rise and spread of trained nursing is one of the most remarkable developments of the last half of the nineteenth century, and forms an important chapter in social progress. It is a matter for national pride that Great Britain has been the cradle of this beneficent movement."

In January, 1908, there was published in New York City an exhaustive "History of Nursing" by Miss M. A. Nutting and Lavinia L. Dock, the former a Canadian nurse, trained in the

Johns Hopkins Hospital, Baltimore, and the latter an American, trained in Bellevue Hospital, New York City. Those who have read these two volumes will look forward eagerly to the third volume, promised on condition that present-day nurses manifest sufficient interest in the books already published to warrant the publication of a third volume.

May I commend these volumes for your perusal, and may I suggest that not only should every training school library contain these books, but that they should be read and pondered by every nurse in the Dominion of Canada.

Cold indeed must be the heart of that nurse, and dead indeed the imagination that will not be kindled into keener action and fired with higher ambitions when perusing the pages of this truly great work.

Although cause for congratulation may be had in the work thus far undertaken and accomplished by the Canadian Society of Superintendents of Training Schools for Nurses, and by nurses the world over, it remains for this Society this year to take one more step in the forward movement which is so characteristic a feature of the twentieth century.

In the year 1899, there was formed in London, England, a society called "The International Council of Nurses," the history of which, from the pen of its founder, Ethel Gordon Fenwick, Hon. President, may be found in the August number of the American Journal of Nursing, 1901.

The first President, Secretary and Treasurer of this International organization were elected for a period of five years, and in the choice of these officers, representatives of the nursing councils of England, the United States and Canada were chosen.

It so happened that your President was at this time elected the Honorary Treasurer of the International Council of Nurses, as the representative of our beloved Canada, which office she held for a period of five years. At the expiration of this period of time, she was made Vice-President, which position she now holds, and will doubtless continue to hold, until such time as Canada may so unite her scattered nursing societies into one national league or association, as will enable her (Canada) to be represented by the President of this united body. Letters have been sent to all known organizations of nurses in Canada for the purpose of asking them to affiliate with the Canadian Society of Superintendents of Training Schools for Nurses, and many of these societies are represented by delegation at this Convention. The question we will be asked to consider, therefore, before the close of this Convention, is whether or not at this time it will be advisable for Canada to place herself in such a position as will make it possible for her to unite

with the International Council of Nurses this year. As stated in the circular letter sent out in July last, the nations now forming the International Council of Nurses are Great Britain, Germany and the United States. Holland, Belgium and Finland will be admitted this year. Why, therefore, should Canada delay?

In the year 1904, the two representative nursing organizations, viz., "The American Society of Superintendents of Training Schools for Nurses" and "The Associated Alumnæ of the United States," united to form a third society, known as "The Federation of American Nurses." The united executives of these societies chose a President, Secretary and Treasurer, and in this way sought and gained for the nurses of the United States admission into the International Council of Nurses.

To show you the attitude of the Mother Country towards Canada on this question, I quote from a recent letter from the President of the National Council of Trained Nurses of Great Britain and Ireland, Mrs. Bedford Fenwick: "It would be delightful if Canada could somehow affiliate with the other countries. At present the three countries which form the International Council are Great Britain, United States and Germany. Denmark, Finland and Holland have already asked to join with us next year, and I do want Canada.

"Our Matron's Council, which is synonymous with your Superintendent's Society, did this—it invited all the Nursing Societies to join by delegation. This committee took the name of the Provisional Committee of the National Council of Nurses of Great Britain and Ireland, and when it felt strong enough this year, adopted a constitution and name. Now, could you not do likewise? Call it the Provisional Committee, or the National Council of Nurses of Canada, or the Canadian Nurses' National Council; appoint a president, secretary and treasurer. We would be pleased to welcome the Provisional Council of Canada into the International Council next year.

"Let me know what you think of the provisional scheme. If you could found the National Council of Nurses for Canada right away, it would be grand."

In the article previously referred to, viz., "The History of the International Council of Nurses," these words may be found: "Professions, like nations, can only flourish by development of the individual sense of corporate responsibility. The first aim, therefore, of the International Council of Nurses is to organize nurses all the world over and make them articulate."

In closing this address, I ask you to consider with me the brave women, strong and true, and the God who led and guided and helped them to make the past of our beneficent profession. We

are grateful that we do not have to live that past over again, and thankful for the heritage into which we have entered.

But let us all remember that privilege means responsibility; that a better century does not mean that it should minister to us, but we to it, and also that we can only be worthy of the great inheritance which has been bequeathed to us, as we use our larger opportunities to make our country and the world better and brighter, purer and nobler with each succeeding year.

MARY AGNES SNIVELY.

THE WORK OF THE TRAINED NURSE IN THE WORLD TO-DAY.

It is not my purpose in this paper to go into elaborate detail of the different lines of work carried on by the nurses of to-day, but to mention briefly what is being done in this and other countries; what we are doing; and how far we, as teachers, are responsible for the education of the future graduate.

The work of the nurse to-day does not mean the care of the sick alone, but it means, or should mean, education in the broadest sense. Recognizing this, and how poorly equipped from a trained standpoint are many of those of our ranks holding hospital positions to-day, a grand effort was made by several of our best workers, and a course in Hospital Economics has been established at Columbia University. That it exists and is progressing is due, largely, to the efforts of the nurses of the United States and Canada. How far-reaching this work will be for the betterment of all conditions of nursing, it is impossible yet to fully realize. The chair of Hospital Economics is filled by one whom we delight to honor—Miss Adelaide Nutting. No small part has been played in the education and raising of the standard of our profession by the journals and magazines edited and published by the nurses of Great Britain, the United States and Canada. Some of the ablest and most lasting literature on hygiene and sanitation has been published by our beloved foundress, Florence Nightingale; and the latest addition to nursing literature, by Miss Adelaide Nutting and Miss Dock, is evidence of the advance that is being made in literature by the members of our profession.

Now, let us consider the work that is being done outside of the walls of hospitals.

First.—We have the District Nurse, and there is perhaps no branch of the profession which so universally commends itself to the public favor as that of district nursing, or one which is so well organized.

The care of the sick poor in their own homes appeals on the

broad ground of common humanity, and has a far wider influence than even the tending of the sick in hospitals, important as that is.

The nurse, with her bag, wending her lonely way through the crowded streets of our large cities, is a figure which commands something akin to veneration.

She brings into the squalid homes of the poor an educative and refining presence; teaches by gentle suggestion the laws of health and hygiene; puts heart into the overburdened mother; helps the husband to regain self-respect; brightens the lives of the little children; and gives even the meanest room or tenement the appearance of home.

Though her work may begin in charity, it creates a disposition for self-help. To quote the words of a writer, "It is almost true to say that wherever a nurse enters, the standard of living is raised." And again, Canon Wilberforce says, "Women are to be found at the root of every movement for the benefit of mankind, but the district nurse exercises the most civilizing and humanizing influence of all."

We, of this day, cannot claim to be the originators of this work, for it is as old in spirit, if not in organization, as Christian charity. Do not we read of the Deaconesses commended by St. Paul, and they surely are the prototypes of the District Nurse? We can, however, claim to have opened up new avenues of work. The nurse, in her daily visits, seeing the circumstances of the poor in their homes, would naturally seek to improve the conditions of those suffering. This has led to the appointment of the Nurse Inspector of tenement houses, and the co-operation with Boards of Health and with the social worker. This last-mentioned is one of the latest forms of charity work, and has filled a long-felt want.

The hospitals for a long time have felt that their duty did not end with the discharge of patients. There has, therefore, been established in connection with some of the larger New York hospitals the Social and Convalescent Relief work. The assistance rendered is of wide range, and depends upon the necessities of the patients, which may arise from destitution or protracted convalescence, or from the fact that they have neither home, relatives or friends, or from need of employment. It also secures for them admission to the homes for incurable, or similar institutions, again procuring a few weeks' stay in a convalescent home, where the country air will fit these unfortunates to take up the burden of their work again.

The saving of the lives of the little ones of our lands is now becoming a most grave and pertinent question. Who can do so much as the visiting nurses following up the cases from the dispensaries, and providing proper food by the establishment of these dispensaries and milk laboratories, educating the mothers in the proper mode of preparing and the care of the food supplied?

Second.—Since the establishment of the School Nurse, what

has been accomplished? With the medical inspection of the schools exclusion was the main point, the object being to protect other children. This was not accomplished, as the children could not be followed into their homes, and the causes of the trouble still remained. With the advent of the nurse, this has been in a large measure prevented, as in addition to the school work, she follows them to their homes, and there her influence is felt, not only by the immediate results of having the school children cared for, but by radical changes in the home surroundings. The result is that, in making statistics during one month, it was found that, under the old system of medical inspection, 10,567 children were excluded from school, while, with the new system, only 1,101. From these numbers it can be estimated what a serious loss of school time was suffered by those who could least afford to lose it, as to that class of people the school time is all too short.

Third.—We are all familiar with the Settlement Nurses, who, living amongst the people, accomplish their work of helping the masses to not only prevent disease, but to help themselves and to develop into useful members of society.

Fourth.—What shall we say of our Mission Nurses, who, from far India to the frozen regions of the North, are waging the battle against ignorance, crime and disease. Who rendered the greatest service in the histories of the recent wars and placed the care of the sick and wounded on a proper basis?—the women of our profession.

Fifth.—In her own small way, Canada has added her quota to the workers in this noble army. Our nurses are doing mission work, not only in far-away places, but in our very midst. In our own city we see daily our mission nurses wending their way from home to home. We have our "Grand Victorian Order," that has been such a power for good; we have our Tuberculosis Dispensary Nurse, whose life is spent in trying to allay the horrors of that dread disease; two of our cities have the School Nurse, and we have our Army Nursing Corps.

Sixth.—There is one sphere which we have forgotten, that is the nurse as a home-maker. All of us have had under our care the girl who has suffered from the lack of proper home-training. In fact, I think half the worry in the world to-day is caused by failure on the part of people to realize their responsibilities. We cannot reform the world, but let us see to it that our little corner is such that the women who leave our care are so imbued with this idea of responsibility and of setting the example of honor, love and loyalty, that the homes they make will help keep Canada in the front of the battle for right.

Now, what shall I say of the responsibility of those of us who are training young women to go out to meet these situations?

It is impossible for many of us to give our nurses the actual experience in this work, but can we not try to instil into them the

spirit of self-sacrifice and love which will make them hear the "cry of the children?" and so, as they go forth from our care, they will, even if they go to their homes, learn to help others who cannot help themselves.

LOUISE BRENT.

THE NURSING OF CHILDREN.

It was pointed out to me recently by a physician, that the reason a nurse who had trained in a Children's Hospital appeared to him more adaptable was due to the fact that the maternal side of a woman was more fully developed by the nursing of children; and the nurse to-day who thinks that she can acquire all that is to be learned in the nursing of children by spending only a month, more or less, in the wards of a Children's Hospital, has failed to realize the importance of this branch of the work.

The management of sick children differs in many essentials from that of adults who are ill, and we must realize that they do not give us much help with regard to their ailments, younger children being constantly fretful when sick, and it is not always an easy matter to know why they are so peevish and cross.

What may be considered success in the cure of children depends almost entirely on the nursing. Take the case of patients who form the largest class in Children's Hospitals, viz., tuberculous lesions of joints, spine, etc. Does not the handling of these children from day to day mean almost entirely the cure, or failure to cure; and if the nurse can be made to realize that on her rests all this responsibility, surely we are bringing home to her one great point, absolute attention to the most minute detail of her work?

The other class of patients, "the babies," depends also upon this exactness. We have found in our hospital here that the three great factors in our success are: Proper feeding, proper handling and fresh air.

For this reason, infant feeding is among the first lessons given to our probationers, both practical and theoretical; and after they have been accepted, the care of the tuberculous patient is one of their first demonstrations.

The subject of nursing in infancy and early childhood, in its entirety, is far too great to be discussed in the space and time at our disposal; let me therefore draw your attention to certain points along the line of institutional nursing.

First.—One of the most important items on baby's programme is his feeding. One nurse has entire charge of the babies' diet kitchen, and prepares all the milk mixtures, whey, barley water, etc., strict asepsis being maintained.

These mixtures are kept in a large ice chest, used only for the

above purpose. This leads up to the practical question as to what is the best kind of refrigerator, as absolute cleanliness is essential. The inner portion should be of metal. Those made entirely of metal are unsatisfactory, as in them the ice melts very quickly. If the ordinary metal refrigerator is encased in a wooden box, we have the best form. The compartments should be so arranged that the bottles of milk are either in contact with the ice, or very near it. The supply of ice should be abundant. To be effective the refrigerator should have a temperature of not over 50 deg. F. The temperature should be tested with the nursery thermometer to ascertain what results are being obtained. Spoiled milk, owing to faulty refrigerators, is to be blamed for many attacks of acute illness among patients.

Second.—A point which is rarely emphasized, yet of vital importance to the infant, is prophylaxis as to intestinal disease in bottle-fed babies. Therefore, the nurse is taught that diarrhoea is ever to be feared, and that the stools of infants suffering from this are infectious, and whenever changing is required it is done without delay. Many affections of the skin arise, too, from not removing the soiled linen sufficiently soon.

The soiled diapers are placed in an antiseptic solution, such as carbolic, 1-20. They are then washed and boiled in the ordinary way. The buttocks are apt to become excoriated from the irritating evacuations; accordingly the nurse should carefully wash the parts with warm boracic solution, and dry thoroughly with a piece of absorbent, or soft gauze. Whenever possible the babies are given a sun bath of several hours in a canvas-sided shelter facing the south, provided with a drop shade in front.

Third.—As to the infant's exercise, I am afraid we are inclined to underestimate the importance of this. It is to be obtained by kicking, general wriggling and throwing about of the arms. Every baby that is well enough should be allowed a certain time on a "kicking pad." Being sufficiently protected, he is able to use arms and legs at will. A word might here be said as to the nature of the cot. There are many in use. Probably the best is a shallow basket-like structure; it is easily moved, allows for a free circulation of air; and it also facilitates the handling of the little one. Each cot is supplied with a hot-water bottle, covered with two flannel covers, also with an individual thermometer enclosed in a special case attached to the head of the cot.

During convalescence, the nurse should see that the infant is warmly clothed, as, being considerably emaciated, he will readily take cold. It is of special importance that the abdomen and legs should be well covered, preferably by a close-fitting knitted garment.

Fourth.—Regarding the other class of patients mentioned in the beginning of this paper, I may say that, to successfully nurse them, requires prolonged association with them and special in-

struction in the principles governing the treatment. Many of the patients are suffering from tuberculosis of bones and joints. It is in the management of these cases particularly that the vigilance and intelligence of the nurse is required, for, upon the accuracy with which she carries out the treatment, depends the progress of the disease and its final cure.

It is not of infrequent occurrence that, after a patient has been some months under treatment, and good progress has been made, a relaxation in watchfuless results in retrogression. This misfortune should be guarded against in every possible way, and every effort made to impress the nurse with a sense of responsibility.

The principle which underlies the various treatments of tuberculosis in bones and joints is, that a cure can most rapidly be brought about by a complete fixation of the joint.

This idea has to be constantly drilled into the nurse, in order that she may intelligently carry out the details of treatment.

It is not enough that she shall understand how to handle this class of patients, but it is imperative that she shall understand the reason of every detail, and fully appreciate the evil effects of carelessness. When once she has fully grasped the underlying principle, the various treatments, although sometimes apparently complicated, are assured of proper success.

Fifth.—Hip-joint disease is the condition most commonly seen in the wards. It usually calls for some months of bed treatment, followed by a year or more of treatment with ambulatory apparatus, during which time the patient is seen in the out-patient department. In order that the fixation principle may be carried out, the child, besides being confined to bed, is either put into a plaster spica, or a bed splint. The latter was devised by our Associate on the Orthopedic service, and has been of great benefit to the patients and help to the nurses, as it allows of movement of the child from its bed without removing extension.

The spica cases are the easiest to handle, as they can be picked up and carried about without any fear of disturbing the joint.

For sanitary reasons, the spica cannot be used in the case of very small children, although, even in these, the use of varnish will keep the plaster tolerably clean for quite a long time.

For very small children, or those who require to have sinuses dressed daily, some form of apparatus, or stretcher, is employed.

The application of the adhesive plaster extension requires some special attention. In order that the movement of the joint may be reduced to a minimum, two nurses are required in the operation. One holds the leg firmly, with moderate traction, while the other applies the adhesive plaster and the bandage. We always try to impress upon the nurse the necessity of applying the bandage well, in order that it may not have to be changed for two or three weeks. Stitching the bandage is of great assistance. The

adhesive plaster is cut into narrow strips in order that strips of skin may be left uncovered, which can be used for the application of a new extension at the end of three or five weeks.

It is not safe to leave the plaster for a longer time, because of the formation of superficial ulcer. The bathing of these tuberculous patients requires special mention. Here again the nurse has to bear in mind the general principle—that the affected leg must be kept immobilized. In acute cases, therefore, the hospital routine of a daily bath must be dispensed with, and a substitute made in the form of a partial sponge bath.

This is given with the least possible disturbance of the patient, and when movement is unavoidable, the assistance of a second nurse to steady the affected part is required. Where it is necessary to remove the apparatus to give a bath, it is better to lengthen the intervals to periods of a week or more than to run the chance of injuring the diseased joint.

In cases of Potts' Disease, the point to be impressed upon the nurses is simply keeping the patient flat on his back, or on a bowed surface, which hyperextends the spine, which position must always be maintained, even while bathing and changing.

The nursing treatment of other joints amounts to practically the same thing as above, viz., absolute rest.

Patients suffering from this disease should, as far as possible, be treated in the open air.

In bright weather the cot should be placed out of doors, and, when this is impossible, the windows of the room must be kept wide open. There is no doubt whatever that more rapid progress towards recovery is made where attention is paid to this important matter.

The diet of these patients is always a matter of difficulty. It is an unfortunate fact that the very foods which are of most benefit are often distasteful to the patient, and they do not take sufficient to maintain the vital resistance. The diet of greatest value is one composed of cereals, bread with abundance of butter, eggs (raw or soft-boiled), milk, cream, and the rare meats and fruits.

The class of patients we have just been speaking of will often tax the resources of the nurse to the utmost; but if she maintains careful treatment, feeds him carefully and supplies him with as much fresh air as possible, while she does not neglect the important matter of bodily cleanliness, she may rest assured that she is doing all that lies in her power to aid the patient's recovery. Time and patience will achieve much, and we have often observed successful results follow upon strict attention to the points in nursing which I have tried thus briefly to emphasize.

F. Potts.

PRELIMINARY TRAINING.

With the demand for educated nurses, it was natural that we should look into our methods, with a desire to improve them. Nurses have largely controlled every advance made in their profession, and it is by their efforts alone preliminary instruction has passed the experimental stage, to a definite plan in many of our hospitals. Seventeen years ago the Glasgow Royal Infirmary conceived the idea of a course, which included lectures and demonstrations in anatomy, physiology, bacteriology, hygiene, cookery and ward work. A few years later the London Hospital established a system differing in methods, but with the same end in view. About 1900, American superintendents, with their customary enthusiasm, began to establish the work on more extended lines, proving its merit by its speedy adoption in a large percentage of their hospitals.

The aim of preliminary education was to "equip the pupil for practical work, by teaching her the underlying principles governing that work," to study the comfort of the patient, and the best method of securing it; to know the use and abuse of materials, to understand the danger of extravagance, to protect her health by hygienic surroundings, and to maintain the ethics of her profession. Pupils are consequently enrolled under better conditions, have higher ideals, give clearer reports, and have a more intelligent idea of the cause and prevention of disease. Questions arise now, not as to the benefits to be derived from the system, but rather as to the advisability of continuing a scheme where probationers render no service to the hospital, but, on the contrary, are an item of expense. The heads of training schools will scarcely acknowledge the imputation when they know that the practical work performed in the study of methods secures to the advanced pupil time for the immediate care of the sick. Making solutions, surgical supplies, care of linen, etc., entails no small amount of time in the general management of a hospital. When the practical demonstrations are given in the public wards, or out-patient department (as they not infrequently are), expenses are slightly, if at all, increased; but if not, the benefits derived offset the outlay.

In looking over reports and statistics obtained from Canadian hospitals, we find a fairly good percentage have undertaken the work. Four schools, out of a dozen representative, have paid instructors and an average period of three months. Two carry out the same schemes by a rearrangement of hospital duties under the assistants. Two, owing to lack of accommodation, prepare their pupils by demonstrations in the wards and classes three evenings

in the week; others continue a more or less modified idea of the old system, but all approve of preliminary instruction.

That a lack of uniformity prevails is conceded; that this might be overcome, either by appointing a committee from our Society to investigate methods already started, and arrange therefrom a uniform curriculum, or by petitioning the government to appoint an inspector (nurse), with authority to act, as in the public school system.

Our hospitals are largely, I believe, if not altogether, under government inspection, and our trustees in sympathy with our ambitions, so that a way might be paved through their co-operation.

Naturally we look to the larger schools to perfect the system, but we must not overlook the fact that, in so doing, they may place the smaller schools at a disadvantage; they look to us for help rather than discouragement. Could we recommend to them from our preparatory classes candidates who are refused on the ground of not being able to keep pace in our busy wards? Would the smaller schools honor the recommendation by granting them the probation period? On the surface, it would appear a great help to many overburdened heads, and might possibly secure to the profession some desirable material.

Our ideals are not overtaken, but we are gaining ground. The preliminary course is only a stepping-stone to the central school system. In many sections technical schools have proved of great value, and it is not too much to expect that our public school system may yet offer an elective course to this as to other professions, "thus enabling the pupil to enter a school equipped for practical work, and the study necessary to make that work a success."

In considering the development in our work, we cannot too thoroughly appreciate the efforts of nursing journals in keeping before us the many schemes for our advancement.

May I suggest that Misses Snively, Brent and Shaw give us the benefit of their endeavors.

MARGARET E. STANLEY.

THE FERNIE FIRE.

The fire which almost obliterated the fair city of Fernie occurred on Saturday, August 1st. Bush fires had been burning for several weeks within a short distance of the town and the fire brigade had been called out on more than one occasion when the town seemed threatened from one point or another; but no one seemed to think very seriously about them, except in so far as a great deal of valuable timber was being destroyed, the loss to the mill owners

being very great. A few days before the fire we noticed that a serious one was raging near the town of Hosmer, eight miles east of Fernie. At night we could see the glow on the mountain side, and felt glad to think we were so far away from it.

On the Saturday morning we noticed that fresh bush fires seemed to have been started directly south of the town, but spoke about them only in a casual way. The wind that morning was blowing quite strongly, but this was nothing unusual. About three in the afternoon, however, it had developed into a hurricane, blowing the dust into the air, so that between it and the smoke, the sun was quite obscured at times. Then the fire rushed down upon us from the southwest. First, the brewery and some small houses in the "old town" became ignited. Then the Cedar Valley and Elk lumber mills, on the opposite side of the town. Balls of fire from these buildings were blown for blocks, and as we had had no rain to speak of for a month, everything was ripe for fire. It was of no use to throw water on the sides of the houses, or on the lawns and fences. The attack was made on the roof. When the lumber mills went on fire, in West Fernie, the flames leaped the Elk River at its narrowest point, just below the park, and, flying up the bank, burned a fine house, formerly belonging to the Crow's Nest Pass Coal Co. The fire brigade did their utmost, but it seemed perfectly useless to struggle, when five or six different parts of the towns were attacked at once. By this time, people began to realize that the only thing for them to do was to try to escape from the doomed town, and a general panic ensued, although a few people refused to leave, and fought for their buildings until they saw there was absolutely no hope, most of the people ran out just as they were, not waiting to try to save any valuables, or even to put on hat or coat. Some who packed their trunks and put them outside were as badly off as those who walked out without anything, as the trunks were burnt on the lawns. The heat was intense, and the smoke and dust intolerable. Indeed, one could scarcely recognize his next-door neighbor. Everyone fled before the devouring element, no one having any definite idea where to go; but before long a crowd had collected inside the Crow's Nest Pass Coal Co. building, which is built of stone, and stands on a large square of grass. Some thought this place unsafe, however, owing to its large area of shingle roof, and left it, looking for a better place of shelter. Then a report got about that the Great Northern trains were taking people out of town, and a rush was made for a freight train which was standing on the track. This took the refugees out about four miles, to the "cut bank," and left them there until it went back for more. Others fled to a large fireproof warehouse, the Western Canada wholesale grocery. But these were only permitted to remain until the C.P.R. Station went on fire. Then it was thought unsafe to stay longer, and a rush was made for the Coal Creek train, which happened to be standing

on the track, having come down at 4 o'clock as usual. The C.P.R. also took many people to Hosmer, but could take them no farther owing to some bridges having gone; and besides, there was a report that Michel also was burning. The patients in both hospitals were saved. Those in the Fernie Hospital were dressed and given their money before the fiery element reached that part of the town, as the hospital was near the northern end. The two nurses on duty at the time did noble work, never for a moment losing their self-control. The hospital had a large vegetable garden in connection, and as the convalescent patients were dressed they were taken out there until the others were ready. Some miners helped to carry the stretchers with those who were too ill to walk, and they were all taken to the Western Canada building, and afterwards transferred to the Coal Creek train, where they remained until 11 p.m., when a relief train was sent from Cranbrook, and they were taken to the hospital there. Too much cannot be said in praise of the Cranbrook people, who received the refugees with open arms, and did all in their power to make them comfortable. The sufferings of the stricken people during that awful night it would be impossible to describe. Some stood all night in the Elk River, at Fernie. Those at the Cut Bank suffered everything from smoke, hunger and exposure. Those at Hosmer seemed to have been the worst off, as the town was surrounded by fire all night, and the refugees took to the beach and the coke ovens for safety. Besides which, a quantity of combustibles was stored about the town for the mines, and there was constant danger of explosions. Fortunately, the place where five hundred barrels of dynamite were stored was spared by a providential change of wind. But the powder house was blown up, and some smaller quantities of dynamite, breaking all the window glass in town.

In spite of the distressing circumstances, the loss of life was comparatively small, only about twenty bodies having been found. Four of these—a whole family—were found in a well, where they had evidently taken refuge and been suffocated.

Another body was also found in a well—a man, who, it was supposed, had stumbled in when blinded by smoke and flame. In less than three hours it was all over, and nothing was left of our fair city but heaps of smoldering ruins. Just five buildings were left standing where the business part of the city had been. Churches, schools, hospitals, everything gone. About thirty-two houses in all were saved, chiefly in the south-east portion of the town.

Of course, at such times as this many stories and legends are recalled. It is said that for many years the Indians have called the place where Fernie stood "Death Valley." At any rate, it has been noted that while Indians frequent the surrounding towns, very few ever come to Fernie, and none ever stay overnight.

M. E. KIDD.

The Superintendent of the Victorian Order of Nurses has received a number of interesting letters from Miss Edith Mayou, the Victorian Order Nurse, who, in 1906, volunteered for service, under Dr. Grenfell, with the Deep Sea Mission. Miss Mayou is stationed at Deep Sea Mission Hospital, Harrington Harbor, Canadian Labrador, and writes:

"I like my life here very much indeed. The people are realizing what a grand thing it is for the coast to have a hospital doctor and nurse here; they wonder how they did so long without us.

"Dr. Hare, by komatik in the winter, and by steam launch in the summer, patrols four hundred miles of coast, visiting the scattered settlements, and bringing here any patients who need treatment; he is seldom here for more than a week at a time without having a call from the east or from the west. He travelled over fifteen hundred miles by dog team last winter, and saw several hundred patients. I prescribe and treat during his absence only, keeping, of course, a record of my diagnoses and treatment for his inspection. I have several times been called up in the 'sma', wee hours' to go out on dog sled, or in a boat, to see patients on the distant islands or mainland.

"This hospital is very comfortably furnished now. It seems hardly possible that we are in Labrador; friends have been so kind and generous to us that we are able to do our work much more effectually than we could have done, if our hands had not been so strengthened.

"I am enjoying my life here very much, for I think that I have been able really to do some good. I am busy all the time, and although I get up at 6.30 in the winter, and at 5.30 in the summer, I seem never to have time for all I wish to do.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

"Je le pansay; Dieu le guarit." [I tended him; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

There must be many cases where neither a priest or a physician can get access to the patient's heart, but the nurse who has been with him through wakeful nights and painful days, is permitted to say things, and to make suggestions that he will not tolerate from anyone else. This, however, is a high privilege to the nurse, and is only to be won by those qualities which we seek and desire in the Guild—the qualities of gentleness and constant sympathy. It does sometimes happen that nurses get very weary of their work—not weary of their professional work—but they get tired of the whims and vagaries, especially of nervous patients. I have never met a nurse who shrank from facing infection; I have never known one tired out with the difficult routine of a surgical case; but I've known a great many whose faith and patience and love have wavered, and sometimes were overcome, by the extreme tiresomeness of nervous patients.

And if it is difficult for the doctor to go and sit by the patient for a quarter of an hour, and listen every day to the same tale of misery and petty fault-finding, how much worse for the nurse, who is with her patient night and day? That is the sort of difficulty which is only overcome by devotion founded upon, and nourished by, the religious life. There is no other chance.—*Extract from an Address by Mrs. Scharlieb, M.D.*

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

THE TRIALS OF LIFE.

"All have their difficulties. If you wait till everything is as it should be, or might be, you will do nothing, and will lose life. You must choose, you cannot make. All roads have their obstacles. One has a strong gate across it; another goes through a bog. Is no one to go on? The finest words about the necessity of getting home before nightfall will not enable your poor little pony to take the gate." So it is. We cannot "wrestle with impossibilities." Neither can we "make facts to pattern." Nor can the creature argue with the Creator. We are so small in our lives, so little in our powers, that we are constrained, in the nature of the case, to have but half and quarter views of things.

Let us try to take large and sensible views. No two, of course, are quite the same in the lot of life; and things that apply to many will not apply to all. But "in our present state," a great philosopher tells us, "all we enjoy, and great part of what we suffer, is put in our own power; for pleasure and pain are the consequences of our actions; and we have capacity for foreseeing these consequences. By prudence and care we may, for the most part, pass our days in ease and quiet; or we may, by rashness, passion, wilfulness, or negligence, make ourselves miserable; and many do make themselves miserable, that is, they do what they know beforehand will render them so. They follow those ways, the fruit of which they know, by instruction, example, and experience, will be disgrace, poverty, sickness, and untimely death."

These are weighty words, and well worth our careful consideration. Why not resolve to train ourselves? Nurses, at any rate, are taught to do so. Their lives are regarded as models of discipline, devotion, and sacrifice. And what they are taught to do they determine to do; in other words, they make a voluntary thing of their training. They do not go about their work in a customable way, without consideration or design. Their memory, intellect, and will are all brought to bear upon it consistently; and if they may not always naturally like what has to be done, they bring forth (to put it philosophically) "forced acts of the will," and elect to do, and oblige themselves to do, and voluntarily do, the duty which they know belongs to their state. For ready examples of devotion to duty in their path of life, somehow none seem to come to mind more fittingly than our nurses, not even our soldiers and sailors.—*Father H. R. Buckler, in The Catholic Nurses' Magazine.*

The Canadian Nurse

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Editorial.

CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

Nothing since THE CANADIAN NURSE made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from the members of the International Association. The constitution seems perfectly adapted for its purpose, and in its first officers, Miss Snively, the President, and Miss Shaw, the Secretary-Treasurer, the society is indeed fortunate. May success ever attend it.

THE CANADIAN SOCIETY OF SUPERINTENDENTS.

On the annual meeting great congratulations are in order. The excellence of the papers and discussions, the honor paid to the Society by the Lord Bishop, the Mayor and the citizens of Ottawa, and the dignified and cordial tone of the proceedings, leave nothing to be desired. We congratulate Miss Stanley upon the Presidency conferred upon her by the Association, and hope that the London meeting may meet with every success.

THE AMERICAN HOSPITAL ASSOCIATION.

The tenth annual meeting of this important Association was held in the banquet room of the King Edward Hotel, at Toronto, on Sept. 29 and 30, and Oct. 1 and 2, 1908, under the presidency of Dr. Goldwater, of Mount Sinai, N.Y., ably assisted by the Secretary, Dr. Babcock, of Grace Hospital, Detroit. The convention worked hard and accomplished much. Important committees were appointed on the training of nurses and other live questions. The addresses were characterized in most instances by sound commonsense. As Dr. Kavanagh, of the M. E. Hospital, Brooklyn, remarked: "We may give all the diplomas and degrees we like. The great public has only two degrees, one of which it always confers—O.K. and N.G.!"

Naturally, the papers most interesting to THE CANADIAN NURSE were those by Miss Alline on the "Inspection of Nurse-Training

Schools," and Miss Nutting, on "Some Problems of the Training School for Nursing." In the much-regretted, but unavoidable absence of Miss Nutting, this paper was presented to the Association by Miss Goodrich, of Bellevue, who, with Miss Maxwell, travelled all the way from New York on purpose, arriving at 10.30 a.m., and leaving at 5.00 p.m. the same day. It was a great disappointment to their friends in Toronto that a longer stay was not possible on this occasion, but we were very glad to have them, even for a day.

The first paper on training schools was given by Miss C. A. Aikens, "Relation of the Training School to Hospital Efficiency," a paper which laid the main points of the subject clearly before the audience.

The Editorial Board regret that they have not been able, partly on account of unusual pressure on our space, and partly because the Association naturally wish to publish papers first in their own journal, *The National Hospital Record*, to print any of these papers in our present issue, except Mr. Robertson's paper, by his kind permission. We hope to do so later on.

THE FAIR OF ALL NATIONS.

Nurses in Toronto and their friends have an important engagement at Massey Hall on November 12th, 13th and 14th. Everybody help. This Fair means a good deal to the nurses of Toronto, and it is confidently hoped by the management that the "Fair of All Nations," so attractive and interesting in its setting, arrangement and objects, will attract crowds and establish the club house which we all want so much. Further particulars may be had from Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

We would call the attention of our readers to the excellent report of this, one of the largest and most progressive Nurses' Associations in Canada. The report, which should be carefully perused by all our readers, will be found in this number, and we heartily congratulate the officers and members of the Association on their splendid record for the year.

THE FERNIE NURSES.

One of the most interesting papers we have ever published is "The Fernie Fire," by Miss Kidd, Superintendent of the Fernie Hospital. The nurses there were true to their duty, and their noble and heroic conduct will not be lost on their sisters in the profession.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Barnard, 608 Church Street; 1st Vice-President, Miss Clark, Victorian Order; 2nd Vice-President, Miss Adams, Hospital for Sick Children; Treasurer, Miss Wilson, 33 Brunswick Avenue; Secretary, Miss Robertson, 182 Walmer Road; Corresponding Secretary, Miss Goodall, 668 Euclid Avenue; Directors, Miss Halley, 24 Elgin Avenue; Miss Jamieson, 107 Macpherson Avenue; Miss Ellington, 8 Bloor Street East.

A LAYMAN'S VIEW ON HOSPITAL WORK.*

After a man has followed the printing and newspaper business up and down a rugged pathway of over fifty years, he becomes case-hardened. I hope that my heart is not altogether hard, that my conscience is still tender in spots; but my experience in a printing office has encased my feelings in a rhinoceros hide of indifference to the blunders that attend the preparation of printed matter. The typographical error has lost its power to wound.

Otherwise, I would be overcome by the sight of the magic letters "LL.D." attached to the name I owe to my good old Scottish father and mother. The programme honors me above my merits, and far beyond my desires, when it prolongs the front end of my post office address with the letters which signify scholastic rank. I am not a scholar—but a way-faring man, who has come thus far upon life's journey without acquiring titles of distinction, and who will go to the end of the road without having his name enriched with other adornments than those that it now wears.

I merely mention this error, so that those of you who have been lured here in the hope of listening to an "LL.D." might understand that I am not an LL.D., or any other kind of doctor, but simply a layman who does not wish to sail under false colors.

Laymen and Their Fads.

To make this paper of mine acceptable and interesting to you men and women, who, day in and day out, year after year, are devoting your lives to the care of those who, stricken with sickness, lie in the beds and cots of hospitals of this western sphere—has given me more thought than any paper I have ever tried to prepare for any association that I have ever been connected with.

Brevity of speech is one of the verbal virtues, and there is no reason why that self-same virtue should not be displayed in the preparation of a paper that proposes to give you "A Layman's View of Hospital Work."

This suggestion is pertinent, for I would not have you think that you are to be wearied with a long story, and yet I shall try to interest you.

It occurs to me that the handling of this subject could have been made much more attractive to you, if the pen had been in the hand of some other narrator, whose experience was more varied, and who in his knowledge of detail might stand a closer cross-examination than I can with my limited knowledge.

Thousands of laymen in business vocations all over the world have side lines of activity that afford them relaxation and pleasure.

*Read at the Annual Meeting of the American Hospital Association, Sept. 29—Oct. 2, 1908.

Some indulge in agriculture, and a model farm and a prize herd of Jerseys is the goal of their ambition.

Others write books, and our American friend, Carnegie, has produced most readable volumes.

Not a few delight to follow the drumbeat of the militia, while many are fond of art, bric-a-brac, china and old brass.

A host indulge in politics, and a select and happy few of that galaxy become statesmen.

An odd one here and there tries his luck in the pulpit, while an army are to be found in the battalions who do good work as class leaders in the churches that owe their origin to the inspiration of good old John Wesley.

Last, but not least, is the phalanx of laymen who shut not their purse strings, but try the luxury of doing good, who found, who build and who take part in the management of the great houses of God's mercy—the hospitals, large and small, for adults and for children, that are planted all over this continent.

Why Should Laymen Be Interested?

For the past thirty years I have been interested, more or less—more, generally—in hospital work, and I am bound to say that, other than the work of running a daily newspaper with its constitutional and chronic worries that are sometimes accentuated with visits from the process server with writs for libel, hospital work gets closer to my human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation I have been able to select.

Some people may ask why should a layman be interested in hospital work. One need not go far afield for an answer. It's a humane work—a work of charity, a work that commends itself to what is best in human nature.

The Way to Gain Information.

During the past thirty years I have every year visited Great Britain and the continent of Europe, and nearly every State of the American Union. During these visits, interested as I am in hospital work in this city of my birth, I naturally felt interested in this work in other cities.

My visits were not inspired by curiosity. My idea was to gather knowledge, so that the particular class of work which I had at heart might be benefited.

When I tell you that these visits covered not only close inspection of the work, but heart to heart talks with the Superintendents, Lady Superintendents and Matrons of all the principal hospitals for adults in large cities of Europe, Great Britain and Ireland and the United States, and in every Hospital for Sick Children in the same area, I think you will admit that my mileage ought to have been given me—an experience in the line of information-getting that should have availed to advantage to the institution that I am connected with, and so it did.

I of course took it for granted that in all these great hospitals good work was being done in the surgical and medical departments by the skilled men who were in charge. Of surgery and medicine I know nothing, and this paper concerns only the business end of the work that is in your care and mine.

The Munificence of Laymen.

It struck me during my tours that in Great Britain, Ireland and the United States and Canada, the layman plays a most important part.

The largest and best hospitals in Great Britain owe their foundation and construction to the energy, enterprise and philanthropy of laymen—investments that total up millions and millions of pounds in sterling money, either left by bequest or paid during the lifetime for palatial edifices to shelter the sick and afflicted—all from the pockets of laymen.

Maintenance of Hospitals.

Hospitals may be dependent for support in part from Governments and from municipalities, or from voluntary contributions, but in the final analysis the layman pays the bill, and be it said, as a general rule he does it ungrudgingly.

Hospital construction and reconstruction is going on all over the British Empire, its colonies and in the United States of America. These buildings are constructed largely by the contributions of laymen.

Hospitals have to be maintained. It is a comparatively easy matter to build a hospital. The maintenance is a horse of another color. Appeals have to be made to the public. The Provincial Governments in Canada do their share, and pay a per head per day rate, and so do some of the corporations that govern cities, but the deficits—and deficits are inevitable—have to be made up by the layman.

There are various phases of the hospital problem that appeal directly to laymen, and it is a pleasure to see the faithful work of business men who, even if they are a bit short in the line of this world's goods, are long in the line of giving attention to hospital work.

Management of Hospitals.

The management of hospitals, and how to make such management effective, is a problem that has in a way yet to be solved.

Small Boards Best.

My information and my experience point in the direction of small Boards of Management. Given a first-class Superintendent, man or woman, to look after the work in the surgical and medical sides; a Lady Superintendent for the Training School for Nurses—if there be one—and a manager to cover the business end—all these under a small Board of four or five Trustees who are interested in the work, should suffice for the management of any hospital on this continent.

The Business Manager.

Some people think that the business end of a hospital's work should be managed by a business man who is not a medical man, and I share this opinion; but I am at the same time bound to admit that I have the pleasure of knowing quite a number of

medical men who manage both the medical and the business end in hospitals in the United States and Britain, and their work in management cannot be excelled.

At the same time one can point to any number of cases where hospitals have suffered materially from the combination.

Large Boards Unworkable.

Hospitals with large Boards of Management made up of representatives of municipalities and institutions either directly or indirectly affiliated in the hospital's work, do not seem to pursue the even tenor of the way that should be followed by organizations of that kind.

The composition of Boards of Management is open to criticism. Citizens are appointed who have little or no interest in hospital work. They put in an appearance during the primal stages of their careers on the Board, after which their interest wanes, and they are never in evidence unless some friend wants a position, and then they are sure to be on hand to cast their votes.

Where Prominent Citizens Figure.

The fact is that they obtain positions on the Board because they are prominent citizens, prominent, perhaps, because they have more figures at the balance of their bank account than ordinary people, or because of their political affiliations they like to see their names in cold type in hospital literature, so that they may be known to the public as prize medal philanthropists.

Some of them, as an American friend of mine has said, rarely see the inside of the hospital with which they are connected, save and except when some public function occurs, and at which they are of course always in evidence.

Trustees—and Trustees.

On the other hand, there are Trustees who are always on the job. Some have sense enough to act as Trustees should act, and if they have to criticize the work they do so to those who are in official charge.

Other Trustees, however, undertake to regulate everybody in the institution, from the General Superintendent down to the genial and hardworking domestic who struggles with the scrub brush on the floor of the outdoor department.

The latter variety of Trustee fortunately does not often get into the fore front, but when he does get in his deadly work he creates friction that leads occasionally to the resignation of the entire staff, and leaves the institution in such a chaotic state that recuperation and convalescence absorb months and sometimes years of time.

Cases on both sides of the Atlantic—a noted case in England some time ago—are proof of the truth of my statements.

Trustees Interfering in the Work.

There should be no interference by a lay Board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hos-

pital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the Board or Committee of Management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led to disaster. Small Boards and competent subordinates in management have worked out best in hospital work.

There is no use for hospital managers being blown about by every wind of doctrine. Every special theorist must not be allowed to have his finger in the pie, exploiting his pet fads at the expense of the hospital.

Profit will result from our meeting here to-day in this respect, that each institution gets the benefit of the experience of every other, and so avoids pitfalls and unnecessary repetition of experiments.

Hospital Services.

The desirability of reducing the number of the medical and surgical services in hospitals prevails to-day to a greater extent than ever before. It promises to result in the concentration of responsibility and unity of effort.

Of course it is a difficult matter in some hospitals to reach that point, but the day may come when a single service in each department with a head and competent subordinates may be attained.

The German hospitals that I have visited follow closely on these lines, and so do some in Great Britain, and a few on our side of the Atlantic.

Distinguished professional men, such as Dr. Mayo, of Rochester, and Ochsner, of Chicago, advocate this principle, and it is their opinion as a result of their experience in examining the systems and workings of the principal hospitals of the world.

Boards of Management composed of laymen favor to-day, more than ever, the adoption of this principle to a greater or less extent.

The institution with which I am connected introduced this system in Canada, and it has been adopted with success in other hospitals of the Dominion.

The Public and the Hospital.

Years ago the handling of the public was a problem that puzzled hospital management. But tact and good judgment exercised by Superintendents and Managers have largely eliminated the difficulties presented in the olden time. The public to-day are less critical and more reasonable in their views of hospital treatment.

Scores who years ago would shy at entering the ward of a hospital as patients, to-day are only too clamorous for it. The dread of a hospital and the discredit attached to being a hospital inmate have entirely disappeared.

Physicians and the Public.

A small percentage of the public are under the impression that when they enter the pay ward of a hospital the fee for lodging and maintenance covers the charge for treatment. They apparently forget that the physicians and surgeons give their

services free to those who cannot afford to pay—so that those who can pay must pay. The hospital is not a pauperizing institution.

The Outdoor Work.

The outdoor department of a hospital is always more or less a source of trouble, in that care has to be exercised in regard to those who should receive free treatment. My experience is, after years of careful watching, that if proper means are adopted nearly all cases of imposition can be detected.

I have had each year for some years past a personal investigation made into probably a thousand cases of outdoor applicants, where the inspector has visited the homes and the families concerned, and he found that not more than five per cent. could afford to pay even a trifle, and that the percentage of imposition was infinitesimal.

Let me say that we safeguard ourselves with a signed certificate from a clergyman or well-known citizen before giving relief on the second application. I found while in England last month that there is a great movement to try and establish some intermediary department as between the hospitals and their outdoor departments, the idea being that the hospitals would only take those duly certified by the dispensary of the district.

Wards Private and Semi-Private.

A hospital for the sick poor should not have private or semi-private wards unless there is a distinct separation between the funds subscribed for philanthropic objects by the public and the more or less revenue-producing wards of the hospital. The want of money for maintenance naturally drives hospital managers to the installation of private and semi-private wards as expedients for raising funds to carry on the work.

I suppose that till the happy time arrives when hospitals will have ample balances on the credit side of their bank account, the installation of private and semi-private wards will continue.

The great hospitals of London, such as St. Bartholomew's, Guy's, St. Thomas, East London and University College, have no private wards. St. Thomas has, however, a private building for private cases entirely separate and distinct from its general work. Of course there are in London many nursing homes, as they are called, that supply the places of the private wards in hospital work.

Hospital Literature.

Annual reports of public institutions may be included in the lists of latest publications, but notwithstanding the interesting topics therein discussed, hospital literature, be it said with regret, is not sought after by those who look for popular reading at the counters of circulating libraries.

The day has not arrived—it may be on the way—perhaps it has a stop-over ticket—when popular literature will have as one of its competitors the hospital report.

It struck me ten years ago that the driest and most uninteresting reading was our annual report. The subject matter was all right, but it did not seem to be placed before the public in proper form.

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PHONE ORDERS PROMPTLY ATTENDED TO

So I commenced to illustrate our reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like "the minutes of the previous meeting," I told all about our work in story form.

I sub-headed the reports according to subjects. I used a good calendered paper, and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical case that could be photographed, should be so done.

I photographed every case the day it entered and the day it was discharged. I half-toned these photos, one of which showed the crippled boy when he was admitted to the hospital, and another when his deformity was corrected.

The publication of these photos of "Before and After" the operation were admirable exemplifications of our work—a first-class object lesson that brought coin to our coffers, for the public realized just the great amount of good we were doing. I followed this "Before and After" idea up in cases of bow legs and knock knees, and also in every case of hare-lip that had successful results.

The daily life in our wards—the nurses moving about from bed to bed—the children at their games—all had to answer the call of the camera. All material was made available for illustration, even the taking of a swab and its progress through the culture tube, the incubator, on the slide, with the stain and under the micro; a plaster jacket in all its stages; the search for the nickel in the gullet of some youngster who swallowed the coin instead of buying the candy; a needle from its point of entry, and its travels till located by the X-Ray—all these are brought to the public eye through our fifty-six-page report. We publish 12,000 of these, one for every donor; and we also issue a booklet of 24 pages with our larger report, condensed in paragraph form, and interspersed with small half-tones. Of these we send out 225,000 copies.

We advertise, and, what is more, pay for advertisements in the Toronto daily papers, and all this literature we send out just before Christmas is at a cost for postage of about $2,500, and when we count our cash about the first of March we generally average about $30,000 as the result of our appeal.

Our example has been followed to a limited extent by some of the Irish Hospitals for Sick Children. I'll send all of you a copy of our next annual report.

Where the Money Comes From.

During the past thirty years hundreds of thousands of dollars have been received from voluntary contributions by the Hospital for Sick Children.

A general impression prevails that the money for the support of the hospital comes from the pockets of the wealthy. Now, an intimate knowledge of the sources that sustain our work shows that we receive the dollars and dimes of the many rather than the donations of the few.

Of course there are noble and notable exceptions—one at

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least in our history aided us with a gift of $10,000, the largest the hospital ever received from one individual benefactor in his lifetime. The experience of one other Canadian city differs, and your experience in American cities may differ from ours.

Our experience is that the millionaire and his money are not soon parted, when the hospital has no other security to offer than that inventoried in the words of Holy Writ: "He that giveth to the poor lendeth to the Lord."

The Lady Superintendents.

In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in the charge of a lady superintendent.

It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and boards of trustees.

In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their Association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserve more kindly treatment and encouragement than they do. The pathway of their work is not one strewn with roses and should be made as pleasant as possible by kind words and attention and consideration to the suggestions they have to make to better the condition of their pupils and to improve the routine of the daily labor that falls to their lot.

Nurses' Residence.

The housing of nurses is a feature that deserves far more attention than it gets to-day from hospital managers all over the world. My visits to hospitals during the past thirty years have shown me that in scores and scores of institutions on both sides of the Atlantic the care of the nurse is only a minor consideration.

True, in some of our large cities of this continent and of Great Britain, conditions have materially improved, and there are perhaps fifteen or twenty residences that are models in comfort and sanitary equipment.

These young women deserve the best consideration. They come to us in good health, and should leave us on graduation in undiminished health. I have seen residences, or rather accommodation for nurses, in some parts of the United States, yes, in Great Britain, the condition of which is a serious reflection upon Boards of Trustees and Managers.

A hospital is a place where health should be preserved as well as being restored. There should not be one principle for the wards and another for the nurses' residence. Most nurses don't get sufficient rest. Their labor is too continuous and severe.

Be it said that the hands of many Lady Superintendents of Training Schools are tied in their effort to get proper accommodation for the nurses. The appeal of the Superintendent for bet-

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THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.

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ter accommodation is made to the Trustees. The appeal gets to their board room table, and either gets into the file box or into the waste paper basket.

Resident Physicians.

The selection of resident physicians—I mean the fourth and fifth year youngsters who have to put in their full year at hospital work before they can have "M.D." upon their door plate—is very important. It is a difficult matter to pick out of thirty or forty applicants just the four or five that will fill the position satisfactorily. It is comparatively easy to find their status during their school life, but because they are good men—yes, even honor men—it does not follow that they are suitable for resident positions in hospitals.

The feelings of not only Medical Superintendents but Lady Superintendents should be consulted. Table manners and general deportment may not be on the curriculum of medical colleges, but they are not a negligible quality in hospital life and administration. A careful scrutiny into personal habits and conduct should be exercised before the residents are introduced into hospital life.

When they are selected they should have proper accommodation, and made comfortable for their work. Their duties are onerous, and in food and lodging they should be under the best conditions. Every man should have a separate room—if possible, a bedroom, sitting room and bathroom. The want of space in older hospitals makes it difficult to effectively carry out the accommodation suggested.

The perfection of comfort for resident physicians is to be found in the Western Infirmary in Glasgow, where a small bedroom, with a small sitting room and bathroom attached, is provided for each resident.

It may be difficult to provide this accommodation in older hospitals, but in those now being constructed on this continent it would be a simple matter, and not so very expensive.

May I, in conclusion, express the hope that my good intentions and earnestness will not lead any of you ladies or gentlemen to assume that I regard myself as an oracle in hospital management.

It was the custom in my early days as a printer fifty years ago to ask the "devil" at the close of his first day of apprenticeship one question, and that question was: 'Are you sorry you learned the printing business?"

It is just as impossible for a grown man to learn the hospital business in the years I have given to the work as it was for the boy to learn to master the secrets of "the art preservative" on the first day of his apprenticeship.

I have not learned the hospital business, but I am not sorry I tried to learn the mysteries of your work and mine.

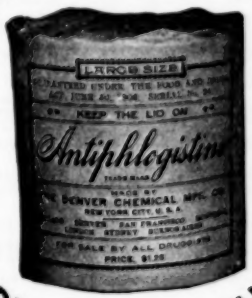
We are all of us soldiers, not conscripts, but volunteers in the armies that keep step in the great march of mercy.

I am glad to be with you in this great council of war, where we meet as Americans and Britishers, each separated in allegiance to the ensign of our affection, but united in loyalty to the humanity which is above all nations. J. ROSS ROBERTSON.

Tonsilitis
Bronchitis

Abscesses
Boils

INFLAMMATION'S ANTIDOTE



APPLY HOT AND THICK

Ulcers
Erysipelas

Synovitis
Lymphangitis

Hospital and Training School Department

Miss Flaws, Superintendent of the Butterworth Hospital, spent a brief holiday in Toronto, greatly to the pleasure of her many friends.

Applications are being received by Dr. Edith Beatty for the position of Superintendent of Nurses at Grace Hospital. We understand that the Board of Governors will make an appointment at an early date.

Miss Alice Stewart, who has resigned her appointment as Assistant Superintendent of Nurses at Toronto General Hospital, received several valuable presentations from the doctors and nurses on her departure. Miss Stewart will spend a short time at her home, and then take up post-graduate work.

Miss Sawyers, the Lady Superintendent of the Toronto Orthopedic Hospital, was presented by the Ladies' Committee of the Hospital with a case of sterling silver spoons at a reception held recently in her honor. The presentation was made by the President of the Committee, Mrs. Carman. Miss Sawyers has resigned on account of her approaching marriage.

The Central Registry Committee held its regular meeting on Monday evening, Oct. 5, at 644 Spadina Avenue, Toronto. Seven members present. The Registry members number 274. Four applications were laid before the meeting. Calls for July, 130; August, 158; September, 122. Amount in savings bank, $504.50; current account, $58.70; on hand, $15.00. Eighteen members have resigned since the July meeting—some to take hospital positions, some to do post-graduate work, and two, Miss Switzer and Miss Plewman, to be missionaries in China. We wish all every success in their work.

The Board of Trustees and the Ladies' Aid of the City Hospital, Stratford, recently tendered a reception to their new Lady Superintendent, Mrs. Anna M. Staebler. The reception was held from 3 to 4 p.m. on the beautiful and spacious lawn in front of the Nurses' Home. Refreshments were served by the ladies from a marquee, and music was rendered by an orchestra. Following the reception were the graduating exercises of the class of 1908. Dr. D. Smith gave an unusually good address to the class. Miss Wanless, who had been Assistant for about four years, and had resigned her position, was presented by the Board of Trustees with a purse of gold and by the Ladies' Aid with a pearl sunburst. Mr. Wm. Preston, Chairman of the Board, in addressing the guests, remarked that the Trustees were fortunate in securing the services of Mrs. Staebler, who has had experience in the executive work of

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Philadelphia and Pittsburg hospitals and stands high in her profession. He said he believed that the citizens would stand loyally behind her and give her every assistance in their power.

A MEETING of ladies interested in the "Fair of All Nations" was held at 349 Sherbourne Street on October 13th, at 3 p.m. Mr. P. W. Rogers, the business manager, was present to help arrange the location of the booths and other details connected with the Fair, which is to be held in Massey Hall, November 12th, 13th and 14th. A military band concert and "march past" of the nations will be held each evening. It is hoped to make the Fair most interesting as well as profitable. The nurses of Toronto will be very glad indeed to receive contributions of any kind from their friends. These may be sent to Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

A DAINTY silk bag and an invitation to a "Birthday Tea" last month, at the Lakeside Hospital, in Cleveland, and this verse—

This party is given with a string to it tied,
The bags, too, are given, but it isn't denied
That we hope you'll return them well filled up inside,
For the treasury is low and it is thought best
In this way to put the first egg in the Endowment Fund nest.
One penny for each year you are old
Would seem but just, as I am told;
But if that age you tell no more,
Into the treasury you may pour
All the contents of your purse,
With many thanks from every nurse.

—are the clever invention of the Alumnae there. We hope they were very successful.

THE thirteenth annual meeting of the Canadian Nurses' Association was held on Tuesday afternoon in the Medico-Chirurgical Society's rooms, which have been kindly loaned again this year for the winter's lectures, and for which the Association owe a debt of gratitude to the doctors. The hall was well filled with representatives from all the city hospitals and others. The Rev. Dr. Fleck opened the meeting with prayer, and afterwards expressed his pleasure in being present and meeting with those in so Christ-like a work. He also gave some good advice in a few well-chosen words. The President, Miss Baikie, was in the chair. Reports were read from the Recording Secretary, Registrar, and Treasurer, also Treasurer of the Sick Benefit Fund, all showing the C. N. A. in a good condition and a fair balance in the bank. The Sick Benefit Fund is not as flourishing as we would wish, but we hope this year many may take advantage of this opportunity, and we would urge upon each member of the Association to join this fund. If some are fortunate

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or Dispora Caucasia, and a yeast, Saccharomyces Cerevisiae. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Aikins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumis, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

We are preparing Kephyr daily at our Dairy, under the direction of Mrs. F. Pumer, of Zurich, Switzerland.

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enough not to need its support, there may be others to whom it may prove a great blessing, so by joining this branch of the Association we can practically help one another. During the past year six lectures were given by some of the leading doctors of the city, and were greatly appreciated by all who attended. We are grieved to report the death of one of our members, Miss M. O'Reilly, who joined the C. N. A. shortly after its inception, and who was a devoted nurse and will be sadly missed in her sphere of work. The membership of the C. N. A. is 228 and rapidly increasing, as it is receiving candidates each month. The officers for the ensuing year are as follows: President, Miss Baikie; 1st Vice-President, Miss Colquhoun; 2nd Vice-President, Miss Hill; Recording Secretary, Miss Phillips; Corresponding Secretary, Miss G. Colley; Treasurer, Miss Cooper; S. B. F. Treasurer, Miss E. Cooper; Directors, Miss Dunlop, Miss Ward, Miss M. Welch, Miss Mackay, Miss Saunders, Miss Moffat, Miss M. Fortescue, Miss Desbrisay, Miss Bullock, Miss MacBride, Miss McBeath, Mrs. Petrie.

We have great pleasure in announcing that the Trustees of the Sick Children's Hospital, Toronto, have appointed a graduate nurse to care for the outdoor patients. The nurse will visit the homes of the patients and help them to carry out the doctor's orders.

Personal.

Mrs. Margaret Reynolds, H.C.H., has returned from a three months' visit to England.

Miss Hurlburt has been appointed Superintendent of Nurses at the Gravenhurst Sanitarium, Ontario.

Miss M. M. Redmond has accepted the position of Assistant Superintendent of the Stratford General Hospital.

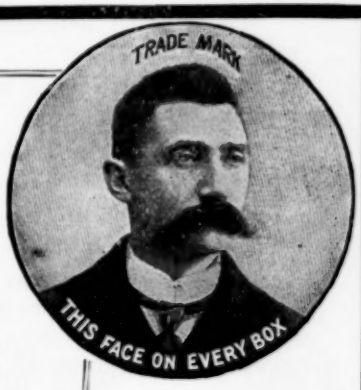
Miss Mackay, R.V.H., is a guest of her sister, Mrs. McQueen, Vancouver, B.C., and intends to stay for some time in that city.

Miss Liddy and Miss Laidlaw, who have been spending the summer in Killarney, Manitoba, are expected in Hamilton by Oct. 1st.

Miss Barbara McLennan, V.G.H., has accepted the post of Charge-Nurse of the O. R. in the Royal Columbian Hospital, New Westminster, B.C.

Miss Isabel Stewart (W.G.H.) is taking the hospital economics course at Columbia University, New York. We wish more of us could follow her example.

Mrs. A. M. Staebler, Lady Superintendent of the City Hospital, Stratford, attended the meeting of the American Hospital Association, held recently in Toronto.



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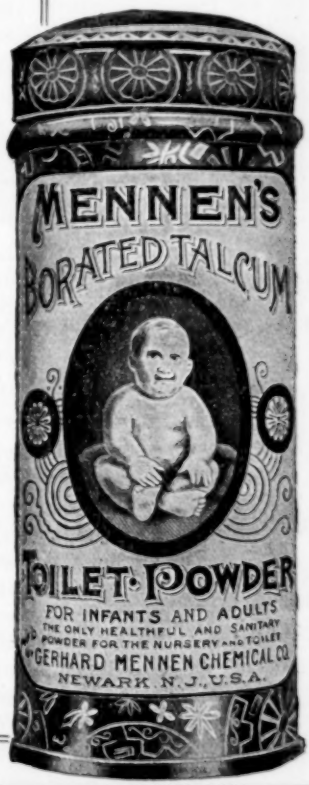
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Miss Margaret McCreight, D. G. H., '08, has gone East for an extended holiday.

Mrs. Arthur Newson has gone to Winnipeg. She will return about Christmas.

Mrs. House, Lady Superintendent of the H. C. H., is spending her vacation in Ithaca, N.Y.

Miss Florence Buckles has been appointed head nurse at the Ottawa Isolation Hospital.

Miss Mina Rodgers has been appointed Superintendent of the General Hospital, Niagara Falls, Ontario.

Miss Alma Robb Wilson, graduate of H.C.H., who is doing private nursing in New York, spent her vacation in Brampton and Hamilton.

Miss M. Lewella Hannah, graduate of the Hamilton City Hospital, is taking a post-graduate course at Fordham Hospital, New York.

Miss Brereton has resigned her position as Superintendent of the Dauphin General Hospital, and will return to Ontario. Miss Gendron, of St. Boniface Hospital, Winnipeg, will be her successor.

Miss Gunne, D. G. H., '07, took charge of the General Hospital at Dauphin during Miss Brereton's recent absence at her father's deathbed.

Miss M. Lynnott, of North Bay, and Miss M. McMillan, New York, graduates of Ottawa General Hospital, spent their holidays in Ottawa, guests of a classmate, Miss Isabel McElroy.

Miss Macfarlane, Lady Superintendent V.G.H., and Miss Burgess, nurse in charge Maternity Ward, V.G.H., are attending the convention of the Canadian Society of Superintendents of Training Schools for Nurses in Ottawa, and will there represent the Vancouver Graduate Nurses' Association in the formation of an International Council of Nurses.

Miss Sophia Doherty, R. V. H., Barrie, has completed a post-graduate course at Harlem, Bellevue and allied hospitals, New York, passed successfully her examination and received her certificate.

Miss L. L. Rogers (S. C. H.), who is a pioneer and a bright, and shining example among school nurses, resigned her position in New York under the Board of Health on October 1st. Miss Rogers organized the work of school nurses in New York six years ago, and perhaps no one in the world knows quite as much about the school nurse and her work as Miss Rogers. The reason of her resignation reflects credit upon her and discredit upon some others who shall be nameless. Miss Rogers has had several good appointments offered to her already. We have a great hope that she may come to Toronto, but, wherever she goes, our best wishes will go with her.

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This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

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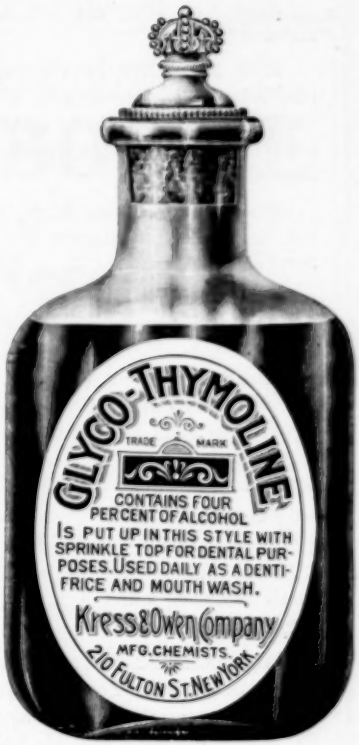
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Miss May Hepwell had a very pleasant vacation in August at Atlantic City.

Miss Margaret Moag, class of K. G. H. '02, has resigned her position as Night Superintendent of the Butterworth Hospital, Grand Rapids, Mich., to accept the position of Assistant Superintendent of the Guelph General Hospital, and has commenced her duties.

Mrs. G. E. Burns, R. V. H., Montreal, has taken possession of the residence, 609 Jarvis Street, where she will be at home to all her friends.

The Alumnæ Association of the Guelph General Hospital held their annual meeting September 4th, when the following officers were elected: Honorary President, Miss Smith (G. G. H. Superintendent); President, Mrs. A. Anderson; Vice-President, Mrs. Douglas; Corresponding Secretary, Miss J. E. Anderson; Secretary-Treasurer, Miss M. Walker. The Alumnæ also held a picnic, September 9th. The day was beautiful, with a good turnout of members, Mrs. Douglas, who had just returned from a two months' trip abroad, giving many interesting accounts of her holiday to listeners, most of whom hoped to have a similar experience some day.

Miss Borthwick, Superintendent of the Macon General Hospital, Georgia, spent a few days in town, visiting old friends and her Alma Mater.

Miss Isabella Paton, graduate of 1907, was married early in the month, at her home in Merritton, to Mr. A. T. Crutcher, who has been appointed missionary accountant to Chentu, West China, for which place he and his bride will sail after a short honeymoon spent among the Muskoka lakes.

We are indebted to the *W. G. H. Journal* for the following interesting news:

Miss Florence McBride is Superintendent of the Hospital at Trail, B.C.

Miss Frost is spending three months in the East, at Owen Sound, Toronto and Muskoka.

Miss Annie Armstrong ('07) has taken charge of Dr. Gray's hospital on Hargrave Street, Winnipeg.

Misses E. M. Turner and Ethel Reid have completed their training in the hospital and are remaining on the staff. Miss Turner has charge of the surgical wards and Miss Reid the children's ward.

Miss Maria Herman has accepted a position on the staff of the Lethbridge Hospital.

Miss Petron has gone to Vancouver to visit her sister, and will probably take up private nursing in that place.

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Keeps Hot or Cold Nourishment

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MONTREAL

Miss Wilson is enjoying a much-needed holiday at the coast.

Miss Coltart ('08) has taken charge of the Isolation Hospital.

Miss Fallis and Miss Reid ('07) have returned to Winnipeg to take up private work there.

Miss Mary Layton ('08) leaves shortly for her home in Nova Scotia, where she expects to take up her work in future.

Miss Mary Bell, of the Michel Hospital, spent part of her holidays renewing old acquaintances in Winnipeg.

Miss Patten left for her home in England on six months' leave of absence. All wish her a speedy restoration to health.

Miss Minnie MacMillan has been appointed Lady Superintendent of Macleod Hospital.

Miss Lowe has gone to New York and will take a post-graduate course at the General Memorial Hospital.

Miss M. E. Nicholson is returning to Winnipeg shortly, after an enjoyable visit to her home in the East.

Miss Venables, Lady Superintendent of Carman Hospital, is visiting in Winnipeg.

Miss Cornett has arrived in Winnipeg. She has resigned her position at Fernie.

Miss Mary Bell has returned to Michel after a pleasant holiday, part of which she spent in Winnipeg.

Miss McBride and her patients at the Michel Hospital went through some stirring experiences during the fire which threatened the town. The hospital, however, was not destroyed, though its occupants had to take refuge in Frank.

Miss Rebecca Evans, who has for the last thirteen years been the secretary and office nurse of Dr. W. T. Bull, of New York, the eminent surgeon, died on October 14th, at her home in London, Ont. Miss Evans, who was well known to many Canadian nurses and highly esteemed, was devoted to her professional duties and to the care of Dr. Bull, who is now dying of cancer. She remained at her post almost too long, until warned by her physician of a complete breakdown. She was a graduate of S. Luke's Hospital in New York and was the daughter of Mr. John Evans, 487 King Street, London. Her family and friends have the sympathy of all in their sad loss.

Miss Bertha J. Willoughby, Seeley's Bay, Ont., a graduate of the Kingston General Hospital, Kingston, Ont., who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the Swedish system of massage and medical gymnastics, electricity and hydrotherapy, at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy.

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TORONTO CANADA

Miss Agnes Bushfield, R.N., G.G.H., has been appointed Lady Superintendent of the Parry Sound Hospital.

Miss Macfarlane and Miss Burgess, of the Vancouver General Hospital, passed through Toronto recently on their way home. Miss Macfarlane was looking well, and the delight of her old friends on seeing her again was very great.

As we go to press, the appointment of Miss Alice J. Scott as Superintendent of Nurses in Grace Hospital is announced. Miss Scott and the Hospital are both to be congratulated.

BIRTHS.

White.—At Sussex, N.B., September 15th, the wife of Chas. T. White (nee Miss Trites, graduate of L.S.I., Ottawa), twins—girl and boy.

To Dr. and Mrs. Claude Freeman, Chung King, China, on August 4th, a son (Thomas Edmund). Mrs. Freeman was Miss Florence Mortson, of H. C. H., class '05.

MARRIAGES.

In New York, September 2nd, 1908, Louise Robinson, graduate of the General Protestant Hospital, Ottawa, class 1905, to Mr. Harry Swan, of Ottawa.

At Winnipeg, August 10th, Gertrude Moore, of Toronto, Ont., to Mr. Chris Benidickson, of Dauphin, Manitoba. Miss Moore is a graduate of T. G. H., class '04, and for the past year has had charge of the isolation department of the Winnipeg General Hospital. Mr. and Mrs. Benidickson will reside at Dauphin.

In Woodstock, on September 5th, 1908, at the residence of Mrs. Arthur Knight, the bride's sister, by the Rev. Mr. Cobbledick, Josie D. Mayne (graduate H. C. H., '06) to Wm. H. Childs, of Hamilton. Mr. and Mrs. Childs will live in Hamilton.

Ewbank—Harrison.—At Maple Grove Farm, Hagersville, Ont., September 16th, at 2.30 p.m., Alice Maude Harrison, graduate S. G. H., class 1907, to William Ewbank.

Harris—Caulfield.—On September 24th, 1908, at the home of the bride, by the Rev. R. J. M. Glassford, Miss Anne Caulfield to Mr. Edwin Harris, of St. Catharines, formerly of Rockwood, Ont. Miss Caulfield is a graduate of the Guelph General Hospital, class 1906.

DEATHS.

It was with deep regret the Alumnæ Association of the Guelph General Hospital learned of the death of their much-loved member, Miss Isabel Macintosh, which occurred at her mother's home, North Bruce, Ont., September 15th, 1908, of blood poisoning. Her death, which was entirely unexpected, left many to grieve for a kind and faithful nurse, a loving daughter and sister, a cheerful and conscientious friend.

Resolved, Whereas it has pleased God to remove from amongst us one of our most worthy and esteemed sister nurses, and

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that we as an Association feel that in the death of Miss Macintosh we have lost a loved friend and the profession a most conscientious and able worker, that we, the members of the Association, extend our heartfelt sympathy to the bereaved family.

Resolved, That a copy of these resolutions be sent to THE CANADIAN NURSE and that they be entered on the minutes of the Association as a mark of our love and respect.

Miss Macintosh was enjoying a vacation, after a very successful winter's work in New York City, and looked forward to returning to her work when cut off so suddenly. Her bereaved relatives have the heartfelt sympathy of all who knew her. The many tokens of esteem from former patients and floral tributes testified to her general popularity. The members of the Editorial Board of THE CANADIAN NURSE join with the Alumnæ Association in the expression of deep sympathy and regret.

The Nurse's Library.

The Fourth Annual Report of the Michigan State Nurses' Association, which we have just received, is tasteful in appearance and most interesting in contents. It reflects great credit on the Association and on its Secretary, Miss Flaws, of Grand Rapids, Mich.

The last number of *Una*, the journal of the Royal Victorian Trained Nurses' Association, is a most interesting one. It contains an excellent account of the annual meeting of the Association.

Desbarats' Newspaper Directory for 1908-9 has just appeared, and is a handsome and convenient volume, showing a distinct advance, not only in the Directory, but in the business which it represents. 42 Victoria Square, Montreal.

Osler's Modern Medicine, Vol. III., concludes the infectious diseases, and is written by twenty-one authors, including Col. David Bruce, who writes *the* article on Malta fever; Dr. Macallum and others, who write 300 pages on tuberculosis; Dr. Osler himself, Dr. Dunbar, and others. This volume maintains the high standard of excellence already reached by the earlier volumes.

A Short Practice of Midwifery for Nurses. By HENRY JELLETT, B.A., M.D., F.R.C.P.I. Philadelphia: P. Blakiston's Sons & Co. $2.60.

The third edition of this very valuable book has been brought thoroughly up to date. There is no book on obstetrics for nurses better than this one. It will well repay perusal and study.

The Quality of Mercy. MRS. CHARLES P. IVES. Manchester: John Heywood. 4s. 6d.

Once more is the nurse the heroine of a novel. As usual (in novels), she marries a doctor. This time it is a consultant, Sir John McKenna. Marjorie Carruthers, the heroine, is a pleasant and attractive character, and the book will be interesting to nurses,

New Books for Nurses

A History of Nursing

The evolution of the methods of care for the sick from the earliest times to the foundation of the first English and American Training Schools for Nurses. By LAVINIA L. DOCK, R.N., Secretary of the American Federation of Nurses and of the International Council of Nurses, etc., and M. ADELAIDE NUTTING. R.N., Superintendent of Nurses The Johns Hopkins Hospital, Principal of Johns Hopkins Training School for Nurses, etc. Two vols. Price, $6.00.

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who will see both contrasts to and likenesses of their own hospital experience in it.

All readers of this magazine who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Northern Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

Explain the Way as Well as the Wherefore.—No doubt many of our failures are due to our neglect to impress the patient with the importance of the matter, or to explain clearly enough the method of procedure. For instance, when we order the patient to take vaginal douches, if we do not at the same time order a proper syringe and explain its use, the chances are that the result will be failure to get any good effect—if not, indeed, to excite disgust for the whole matter. A vaginal douche may be a great comfort to the patient as well as a valuable curative measure—as it may also be a dismal failure or worse. When we say order a *proper* syringe we mean, of course, the Marvel, for there is no other syringe nearly so well adapted to this purpose. The Societe d'Hygiene de France in 1902 awarded it the gold medal as the best syringe to cleanse the vagina. Owing to the peculiar construction, it dilates and flushes the vaginal passage with a volume of whirling fluid which smooths out the folds and permits the injection to act on the entire surface.—*Exchange.*

Anaemia, Iron and Oil.—The abundance of fat found in healthy bone marrow and the scarcity of fat in the bone marrow of anæmic patients suggests a reason why Cod Liver Oil is so often efficient as a remedy for anæmia. Iron certainly acts as a tonic and is an important constituent of haemoglobin, but it can scarcely contribute anything towards the organic substance of the red corpuscle. How the bone marrow changes fat into red corpuscles is one of nature's mysteries, but the microscope shows the narrow cells in all stages of transition into new red corpuscles and abundantly surrounded by fat cells. Cod Liver Oil seems to be a natural food

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for bone marrow. Scott's Emulsion, a reliable preparation of Cod Liver Oil, is often of great use in relieving anæmic conditions, especially in the chlorosis of young women. That anæmic blood should regain its color without the administration of iron only reminds us of the fact that ordinary food contains all the iron the system needs, and probably the only form of iron the system ever really absorbs.

THE THERAPEUTIC USES OF HAMAMELIS VIRGINICA.—It is a fact of no little significance that Pond's Extract of Hamamelis Virginica has been known and employed by the medical profession for over sixty years. Any remedy that can thus endure the severe tests of time and practical experience must have a fundamental worth of more than ordinary degree. To be sure, not all physicians have held the therapeutic usefulness of Hamamelis in the same esteem, and some have undoubtedly under-estimated, or completely disregarded, its real value. But certain recent studies and researches, both clinical and chemical, have emphasized, in a very positive way, the fact that Hamamelis has a well-defined pharmacology, and reinforced—if such a thing were necessary—the therapeutic claims that have been made for it. The recent chemical investigations of Scoville are worthy of special note. He reports that he has examined the fatty substance which, after distillation of witch hazel twigs, rises to the surface of the distillate, and that the oil evidently consists of a terpene, with a small portion of an alcohol (about 7 per cent.), and a still smaller amount of an ester, which justifies the conclusion that the soluble substance is a terpene-like body analogous or closely similar to the derivatives or constituents of the essential oils. It is no small thing, moreover, which medical men have come to appreciate—that complete reliance can be placed on the absolute freedom of Pond's Extract from all toxic or injurious substances like wood alcohol or formaldehyde.

GRADUATION REPORT.—At the end of the summer term, 1908, seventeen students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, in the following branches: In the Swedish System of Massage, Medical Gymnastics, Electro and Hydro-Therapy—Julia Crosby Wight, of New Hamburg, N.Y. (graduate Bellevue Hospital, New York; Head Nurse of Emergency Hospital, Bellevue; Asst. Supt. Englewood Hospital, Englewood, N.J.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Delphina E. Capling, Cannington, Ontario, Canada (graduate St. Luke's Hospital, Newburgh, N.Y.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada (graduate Collingwood General and Marine Hospital, member Graduate Nurses' Association of Ontario); Myrtle Edith Sherbon, Colfax, Iowa (Victoria Sanitarium, Colfax, Iowa); Harriet Cleek, Lexington, Kentucky (graduate Good Samaritan Hospital, Lexington, Kentucky; post-

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****Cookery for Common Ailments,*** by a F.R.C.P. and Phyllis Browne.
****Advice to Women on the Care of Their Health Before, During and After Confinement,*** by Florence Stocpoole.
The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., $1.00.
First Lines in Midwifery: A guide to attendance on natural labor for medical students and midwives. New and revised edition, by G. E. Herman, M.D., F.R.C.P., F.R.C.S., $2.25.
The Care and Management of Delicate Children, by Dr. Percy Lewis, $1.00.
A Handbook for Midwives and Maternity Nurses by Comyns Berkeley, $1.50.
Ambulance Work and Nursing, M.B., M.R.C.P., $1.80.

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Do not fail to write to-day for Eaton's Christmas Catalogue. Mention THE CANADIAN NURSE. The T. Eaton Co., Toronto and Winnipeg.

TYPHOID FEVER.—"In typhoid fever I have always noticed that when Platt's Chlorides was used the air was a great deal fresher and it was easier to keep the tongue and lips moist. Undoubtedly the dryness of mouth besides indicating the state of bowels is greatly caused by impurities in the air."—E. Sylvain, M.D., attending physician to Hospital of the Sacred Heart, Manchester, N.H.

Frank Parsons Norbury, M.D., Editor of the *Medical Fortnightly*, in a very practical treatise on "Typhoid in Children," calls attention to the special need of careful nursing and thorough disinfection, as follows: "We must remember that it is the nursing which is the essential active treatment of the disease, and especially so with children. The hygienic regulations of a typical case are to be vigilantly observed. The stools must be disinfected by a suitable disinfectant, Platt's Chlorides being a very serviceable and reliable preparation. When the bed-pan is used it should be scalded after use; all napkins, towels, etc., used on the patient should be soaked in disinfectant solution and boiling water. The bed linen and clothing of the patient should pass through a similar process."

We also quote Dr. R. D. Blackwood, of Philadelphia, who in a recent issue of the *New England Medical Monthly*, under the heading of "Some Ideas About Typhoid," states: "The vessels for all dejections should be well cleansed. After thorough cleansing I invariably pour into the bed-pan or commode two ounces of undiluted Platt's Chlorides. This sterilizes the evacuations at once and completely."

The Canadian Nurse

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THE CONGRESS ON TUBERCULOSIS IN WASHINGTON.

The Sixth International Congress on Tuberculosis, held in Washington from September 21st to October 1st, was a never-to-be-forgotten event to those who attended. Outside the doings of the Congress itself, the delightful weather, the beautiful city in its dress of early autumn, and the boundless hospitality of its people, would have made the trip all that could be desired, but with the Congress it left a sense of pleasure and inspiration almost inexpressible.

A visitor from Toronto who travelled by the Lehigh Valley route journeyed over one of the most beautiful scenic roads in the world. The smoke which lay heavily over this continent last September obscured the view to a certain extent, but even then it was wonderful, and still more wonderful when our train climbed onward and upward till we reached a height where we saw the first blue sky in weeks, and underneath a dream city showing faintly through the haze.

After a long, but altogether delightful, day's journey, the traveller was landed at what appeared to her somewhat bewildered and sleepy senses to be the Capitol, or, if not that, the White House, so magnificent in its snowy proportions is the Union Station, the finest station in the world they say. And there Washington's never-failing hospitality began, for a deputation of its citizens took charge of the stranger in the kindest manner, and so completely that the most timid and untravelled and ignorant found no difficulty in securing proper hotel accommodation. The arrangement for the reception and disposal of the visitors were perfect, and no praise can be too high nor gratitude too great for those responsible for them.

The Congress and the exhibition in connection were held in the new National Museum, at the foot of 10th Street, an immense building, not quite finished, so all the better adapted for the purpose. Wooden partitions had been erected, dividing off the various exhibits and the different sections; then there was a large assembly hall, a stereopticon room, registration and administration quarters, a ladies' committee room, and many other departments.

The nurses' meeting was held in Section V., the section devoted

to the discussion of the hygienic, social, industrial and economic aspects of tuberculosis. Perhaps no other session had as enthusiastic an attendance; certainly none could have had one more so. With remarkable unanimity the audience began to gather about half-past eight, though nine-thirty was the hour set for the reading of the first paper. Miss Lilian Wald, head worker in the Henry Street Settlement, New York, presided, assisted by Miss Dock, and it is a matter of doubt whether any meeting of the Congress was in better hands. The different papers read during the session were grouped under the following heads:

1. The Work of Nurses in Public Departments.
2. Special Lines of Work for Tuberculosis Nurses.
3. The Training of Nurses for Tuberculosis.
4. Social Questions in Tuberculosis Nursing.

Without exception, the papers were extremely interesting and very well written, and they were listened to with closest attention.

Mrs. Von Wagner, whom the majority of our Toronto nurses know, was, as usual, more than well worth listening to in a paper on "Inspection Under Health Boards and Tuberculosis"; then Miss E. T. Patterson, of the Vanderbilt Clinic, spoke on "Disinfection in Tenement Houses in New York City," and was followed by Miss Phelan, of Rochester, in a discussion on similar methods in that city. In her paper Miss Phelan deprecated entire dependence on gaseous disinfection, and expressed the hope that some time in the near future every Board of Health would have a corps of municipal scrubwomen, a remark most enthusiastically endorsed by the audience.

Among other papers read was one by Miss Bertha Stark on the "Anti-Tuberculosis Work in Pittsburg Schools," one by Miss Harriet Fulmer on "The Care of the Advanced Consumptive," and another by Miss Jacques, of Philadelphia, on "Home Occupations and Dangers." These and many other papers equally interesting followed each other in quick succession, and were succeeded by a most animated discussion, in which medical men, nurses and laywomen joined eagerly.

Perhaps no paper read during the session caused more discussion than the one read by Miss Lent, Head Nurse, Visiting Nurse Association, Baltimore, on "The True Function of the Tuberculosis Nurse." She and Miss Ellen N. LaMotte, in a paper on "The Unteachable Consumptive," read the day before, sounded what appeared to be, on a superficial hearing, the note of discouragement—told of so much work done and so little accomplished. But a thoughtful consideration of these two papers told a different story. In both papers the writers look matters squarely in the face; they entertain no self-complacent delusions concerning the results of their work, but, in the face of discouragement and defeat, they breathe the highest and noblest hopes for the future.

Mention only can be made of the numberless other papers read

in the different sections. The proceedings of the Congress will fill several large volumes, and will, no doubt, be the most important and comprehensive contribution to the literature on tuberculosis that has been published so far. Koch was heard, and so was Trudeau, and Calmette and Von Pirquet, of conjunctival and cutaneous tuberculin reaction fame, read papers, in French and German respectively. There was such a surfeit of good things that it was impossible to hear everything that one wanted to hear.

As for the exhibition itself, it was absorbingly interesting. Photographs there were by the thousand—photographs of different sanatoria and dispensaries, many rather dreadful ones showing filthy dwellings and bedrooms, some of these with companion pictures showing the improvement after the visits of the nurse or inspector. Massachusetts contributed a very complete set of photographs, showing avoidable and unavoidable sanitary conditions associated with a few selected occupations, some of which are commonly regarded as being especially conducive to tuberculosis of the lungs. The New York State exhibit was admitted to be the largest and best, but from a nurse's standpoint the Maryland and the Pennsylvania showing could hardly have been surpassed, owing, to a great extent, to the fact that the exhibits of the Visiting Nurse Association of Baltimore was in charge of Miss Lent and Miss LaMotte, and that of Philadelphia in the hands of Miss Jacques and Miss Sutton. The enquiring nurse, anxious to learn, could not have had sweeter or kinder treatment at the hands of these four delightful women. The two exhibits, standing side by side as they did, formed an irresistible magnet to draw the nurses, and of those who came again and again none left without gaining fresh ideas, and, more than all, fresh enthusiasm and inspiration. The Playground Association of America was represented by three models, one of a municipal playground, one of a school playground, and one of a private yard playground, models not of any particular playgrounds now in operation, but showing equipment and arrangement which may be adapted to the average city, school or private yard playground. The International School Farm League of New York City was represented by a model of an actual garden, and was in charge of another very charming woman, Mrs. Henry Parsons, who was as eager to explain and enlarge upon the good points of her garden as we were to listen.

Of course, while by far the greater part of the material came from the United States, a great many other countries were represented. Germany and Great Britain made, perhaps, the best showing, but, for obvious reasons, none of the exhibits approached those of the United States for completeness and size. Canada's contribution was made up almost entirely by a large number of specimens from the Pathological Museum, McGill University.

Washington entertained its visitors royally during their stay. There was a reception at the White House and one at the Corcoran

Art Gallery, and for the nurses especially a reception at Garfield Hospital and a sail down the Potomac. The most delightful thing about these entertainments was that the shyest and most retiring stranger could attend them with the absolute assurance of perfect enjoyment, so wonderful was the spirit of good-fellowship that prevailed.

If the question were asked, What was the thing that impressed us most in the Congress? a great many would answer that the beautiful spirit that prevailed meant more to us than anything else. Ideas there were to be had in plenty, and the most exhaustive information on every branch of the subject, but what would they have been without the enthusiasm, the public-spiritedness, the unselfishness that everywhere was manifested.

To Canadians the interest shown by the laity of the United States in the campaign against tuberculosis was particularly noticeable. The church and the press appear to take a prominent part in the work, some churches in particular maintaining their own dispensaries. By the way, in this connection it would be only courteous to remark that the Church of the Ascension in Washington undertook the heavy task of providing luncheon and afternoon tea in the Museum for those of the visitors who desired it. To go once meant to form the habit of going all the time, not alone because of the excellence of the viands or the extremely low scale of prices, but particularly because of the charming welcome given by the people of the church, who acted as waitresses and helpers. Only those who saw the same workers there day after day could have any idea of the self-sacrifice it must have involved, but every day saw them kinder and more hospitable than ever.

Since our return from Washington, some of us, no doubt, have asked ourselves the question, What are the people of Canada doing to help in the crusade against tuberculosis? Look where you will, there appears to be much apathy and indifference. Some day, perhaps in six years, or nine years, or twelve years, Canada may have the honor of entertaining the International Congress on Tuberculosis on its own soil. In the meantime what can we do to make ourselves worthy of that honor? We have our own end to uphold in the struggle, let us now begin to make greater efforts to do it.

J. H. N.

SOME PROBLEMS OF THE TRAINING SCHOOL.*

It is not necessary, before an audience of hospital workers, to preface a discussion of the problems of the training school with an account of the general system under which such schools are administered. You are all presumably familiar with it; but, with the thought that there may possibly be those present who are not so informed, I will venture to speak briefly of the foundation on

* Read before the American Hospital Association.

which the training school rests and of the forces which control its activities.

Called into existence as a means of improving the care of the sick in hospitals, the first training schools, both in England and America, were established, not by the hospitals, but by groups of individuals outside of them, who provided funds for the maintenance of the schools, and entered into an agreement with the hospitals to give the pupils certain definite teaching, training and experience, in return for such services as they could render for the sick. Although entirely subordinate to the regulations of the hospital in all that concerned their work, the pupils were, nevertheless, under the direction of an independent body in matters connected with their teaching, training, conduct and discipline.

In the first school for nurses (established in 1860 by the Nightingale Fund at St. Thomas' Hospital, London) this body, called a committee, so interpreted its functions that it not only paid for the board of the pupils and for their uniforms, but paid also a part of the salary of the ward head nurse, as compensation for her services in teaching the probationers. The committee went further, and paid a medical instructor to give the pupils, "at the bedside," certain instruction "of a medical and surgical character."

It will thus be seen that the organization of these early nurses' schools was in some ways similar to that of the medical school, with this essential difference, however, that the medical student paid for his education and training, and the pupil nurse was paid to receive hers.

By just what process this Training School Committee was eliminated, and the school absorbed entirely into the hospital, it matters little to discuss here. In the improved condition of the hospital brought about by the school; in the efficiency of this method of caring for the sick, and its comparatively low cost; in the obvious advantage to the hospital in having entire control of the pupils, and the ease with which such control could be secured, we find a situation leading readily to the incorporation of the training school into the hospital, and the practically universal assumption, at a later date, that the sick in the hospital can only be properly nursed by means of a training school. The logical outcome of this belief is expressed to-day in the thousand or more training schools which are an integral part of the hospitals in this country, and governed by the same authority.

In capacity, character and purposes these hospitals vary widely. There are the large general hospitals, of from two or three hundred to one thousand beds, amply provided with opportunities and material, and furnishing a suitable field for the training of pupils. There are the medium-sized hospitals of from fifty to one hundred beds, offering less in the way of opportunity, but well able to cover a considerable portion of the required ground; and there is a very large group of those which are still smaller, ranging from twenty-

five to fifty beds, with diminishing powers and opportunities, so far as the training school is concerned; while beyond these lie the very small hospitals of five, six, eight and ten, up to sixteen beds, very greatly limited in ability, and offering, as a rule, a mere fraction of what is required as a field for the teaching and training of the nurse. Training schools are found in 53 hospitals of this description, while more than 500 of the entire 1,000 schools are in hospitals of 50 beds and under.

Of other types of hospitals, such as special, for diseases of women or children or for nervous disorders, and more recently of hospitals or sanitaria for tuberculosis, the training school for nurses is a common feature; while in the strictly private hospital or sanitarium for paying patients (often, indeed usually, for the treatment of one special form of disease), the nursing is frequently done largely by means of a school.

It needs no statement of mine to assure this audience that under any and all of the above conditions the school in its entirety has no life of its own, but is shaped and moulded to the needs of the hospital and restricted (?) by its powers. In numbers and character of pupils, in purpose and direction, in conditions of living quarters, food, recreation, in hours on duty and hours off, and, finally, in teaching and in training throughout, in substance, method, teachers and equipment, the school takes what the hospital determines it shall have.

That several of our hospitals are governed in a liberal and enlightened spirit, and thought given to the welfare of the pupil nurse, is a matter quire irrelevant from the main issue, which is the position of the training school in its relation to the hospital. It stands unique as an educational institution of high importance, practically owned by another institution, which profits by the industry of the pupils. Under good conditions the results may be good, often even excellent; under other conditions, they may be, and often are, unspeakably bad. Under any or all conditions, the question to ask is, "Does this system produce the best results? Is it a just arrangement for hospital and pupil? Is it the best that we can do?" And the answer to this is that we do not know, because we have not as yet really tried any other.

In the meanwhile it is quite certain that the present relation between hospital and training school gives rise to many and difficult problems, and it is perhaps not too much to say that the one person to whom these problems present themselves in their most pressing and perplexing aspects is the executive officer who represents both institutions and holds the double office of superintendent of nurses and principal of the training school. Deeply loyal to both, seeing clearly the needs of each, concerned in meeting them adequately and in carrying out the purposes of each to the fullest possible degree wherever they conflict, she is between the upper and nether millstone.

Such a conflict appears at the very outset in the necessity which exists for selecting the pupils in accordance with the immediate needs of the hospital, rather than with suitable standards of requirement for the general work of nursing. Now, I know of no training school, large or small, where the number of properly qualified women applying for admission is large enough to meet the needs of the hospital, and by that I mean, to do the actual nursing work in it.

And by properly qualified women I do not at all mean highly educated women (desirable as they are), nor do I set up any severe standard of requirements. I mean, simply, women of good, thorough English education, of suitable age, good character, physically and mentally sound, and temperamentally able to stand the strain of hospital training and the subsequent work into which that training leads. You will agree, I am sure, that nothing less than this is a safe foundation on which to build any professional or vocational training yet out of the applicants to our training schools, the number that fully meets these moderate requirements is small. A few in the more prominent schools exceed them, but I say, without hesitation, as a result of many years of experience in a representative school, that, notwithstanding the fact that there may be hundreds of applicants each year, the number of those who are properly qualified falls considerably below the number of pupils needed by the hospital for its nursing service, even though such pupils may be occupied in it for nine, ten, eleven hours daily, and a good part of Sundays included. Now, because this small number of good and promising candidates cannot do the required work, it becomes necessary to add to it (to "keep up the numbers," as the phrase goes) by a larger or smaller number of others who fall below standards in varying ways and degrees, often very much below.

With what reluctance these doubtful candidates, sometimes too young, sometimes too old, frequently meagerly educated, and quite too frequently badly brought up, irresponsible, unrefined—with what reluctance they are considered, admitted on probation, and finally, when it becomes quite impossible to meet the needs of the hospital and dare to send away even one more probationer, with what misgivings and regrets these doubtful sisters are at last accepted, enrolled and brought into the life and work of the school, only those know who, as heads of training schools, have been obliged to do this year after year. There is no escape from it, and I know of no school which is exempt from this necessity.

Although the larger and more prominent schools, where more ample opportunities and advantages are offered, do naturally attract the larger number of desirable pupils, yet question any one of these, and I think you will be assured that there are never nearly enough really good candidates, and that the needs of the hospital must always be met by including the less worthy. And if this is true of the large schools, what might we naturally expect

of the smaller, where the opportunities for suitable teaching and training are in various ways inadequate? I think you will find that here the problem presses much more closely. The standard of requirements for admission here must usually be lowered in every particular, and sometimes, to all practical purposes, it passes out of sight altogether, and "not one survives to tell the tale."

Repeatedly during the past ten years have superintendents of the smaller hospitals and training schools told me of their difficulties in attracting the right kind of women into their schools, and repeatedly have they written to me, as, I presume, to others, asking me to refer to them those who failed to meet our higher requirements, although the material out of which a good nurse can be made is about the same, whether the process be carried on in a large or a small school, and no large school that I know rejects any candidate who, by any process known to it, can be made into a good nurse. Quite recently, in talking with the superintendent of a hospital in a small town, I was told that it is next to impossible in some places to get any applicants at all. Of the few that do apply, many are so uneducated that such a matter as giving out medicines, for instance, becomes a serious problem, owing to their difficulty in reading correctly the labels on the medicine bottles.

This lack of good, or of any, applicants for admission to some training schools, while a matter not only of present discomfort or distress, is of grave import. It seems ominous to those who, familiar with the training school problem as it presses daily, can see no way out of the bewildering and complicated state of affairs. Yet it may not be an unmixed evil if it induces us to give serious and unprejudiced study to the situation, and get down, if we can, to the root of the matter. When we can be quite certain of the cause, or causes (for there may be several), we can then discuss the remedy intelligently and profitably. Before such a careful study is made, we ought not, in justice to both hospital and school, to attempt any radical changes. The fact that there were over 21,000 pupil nurses in our training schools two years ago shows the very great requirements of our hospitals; that number would, of course, be much larger at the present date.

The rapid increase in the demand for pupils for hospital work has practically doubled within a few years, owing to the great activity in the line of hospital building. Two years ago the number of pupils in our training schools was equal to the total enrollment of regular students in several of the great universities of this country—Harvard, Yale, Princeton, Columbia and three others combined. This does not seem to suggest any falling away in students as such. What we need to observe is that, notwithstanding this very large number of pupils in the schools, there are still not enough to meet the needs of the hospitals.

One might also point out here that when nursing as a vocation for women first appeared upon the horizon there were few large

hospitals, and, consequently, few schools for a good many years. In 1880 there were but fifteen such schools; the demand for students was small, and many more women applied than could be admitted. Even ten years later, in 1890, there were but thirty-five schools, but during the following decade, the tremendous onward sweep in hospital building brought with it the establishment of nearly four hundred training schools (423, in fact, are recorded in 1900), while the subsequent six years have more than doubled that number. It is, perhaps, not surprising that there has been a lack of enough candidates for admission to training schools to correspond with any such rapid development.

It might also be borne in mind that the past twenty-five years have been in few ways more wonderful than in the opportunities they have created for women. The two fields of teaching and nursing have opened out, on the one hand, into special work in the kindergarten, in domestic science, domestic art, manual training and nature study; and, on the other side, the many lines of institutional work, which includes the very attractive fields occupied by philanthropic and charitable, social and settlement workers, into which so many of our brightest and best women are venturing. Added to this are the librarians, welfare, and social, and other secretaries, and workers in business and professional offices. Meanwhile the colleges for women have grown and multiplied; Vassar, with her 1,200 students; Wellesley, with 1,500, and Smith, with, I believe, a larger enrollment, could, perhaps, enlighten us as to where to look for the woman who twenty or twenty-five years ago might have stood at the training school door asking admittance. The greater prosperity of the people of this country has made it easy for women to enter college to-day, whose sisters of twenty-five years ago might have been glad to get for little or no expense what the training school offered. It is possible that the colleges might serve as a means of enlightenment in other ways. They might, it is conceivable, point to the long list of waiting candidates for entrance each year, and say that there is apparently no lack of good women seeking education, and that if we cannot find them—or, rather, they will not find us, it may be true that we are not offering them conditions which attract them to us. In other words, they like what the colleges offer, and will not have what the training school offers. We have here the interesting spectacle of hundreds of women entering the college for four years of hard study, and paying a considerable sum each year for it; and, on the other hand, the hospital training school offering a professional course of three years of hard work at no cost to the pupil (as a rule), with board, lodging, laundry, uniforms and text-books provided, or, in default of such provision, a frank payment of money to the pupil. Yet one would suppose that nursing would be just the work to attract the thoughtful, healthy-minded, educated woman, and especially where the training for it could be obtained free of all cost. One is

inclined to remember the saying that people do not value what they do not have to pay for.

One might dwell upon other aspects of this matter, but enough perhaps has been brought forward to show that the needs of the hospital do control the school in its most important function, that of determining what kind of woman shall enter the training school and become later the professional nurse, charged with the gravest of responsibilities, and supplied with powers and opportunities which, if unwisely or improperly used, may make her a harmful member of society. Public opinion has not dealt gently with the trained nurse, and a few, at least, of its severe criticisms have been well-founded. A general recognition of the necessities in the hospital which so largely control the selection of pupils might, perhaps, temper this criticism, or give it another direction.

There is still another and quite different way in which the status of the school may be affected, and that is when the accommodation for pupils is insufficient for the number required to do the work in the hospitals. Here we have a defect which cuts both ways, and affects, and seriously, the welfare of both hospital and school. Hospitals have a way of outgrowing with extraordinary rapidity the provisions made for nurses, and of adding department after department of new work, without at the same time realizing always that each new development of hospital work calls for some corresponding increase in the nursing staff. Hence we find in many schools the superintendent of nurses calling attention to lack of quarters for pupils, and asking for more, stating that her pupils are overworked daily, because she has not room for as many as the hospital needs. This is a very common complaint, but no assurance is needed as to the seriousness of it. It affects steadily and disadvantageously the character of the pupils' work. It usually eliminates all possibility of study, and tends ultimately to produce the disheartened and discouraged worker. And it is those physical and nervous breakdowns among pupils, which, in addition to the loss of just so much human efficiency, stand particularly to the discredit of the training school, which, above all places, should set standards of healthy and well-ordered living. Such conditions often militate strongly against the school in its ability to attract desirable applicants. "I will not send my daughter to that school; they will work her to death," is the not-uncommon criticism of certain schools, where there is failure on the part of the hospital to provide abundant and suitable quarters for its workers, a condition which must invariably result either in neglected patients and badly-done work, or in long hours, and overworked pupils. When such a situation continues, the place loses all characteristics of a school. The overcrowded student can never profit even by the best teaching; she cannot study; frequently she cannot even listen intelligently. To all intents and purposes the school has for her ceased to be a school. She is no pupil; she is a worker, whether

efficient or inefficient. For not only do I refer to formal instruction, such as classes, lectures and recitations, but to that most important and valuable of all teaching—that given in the ward and at the bedside, the whole forming that course of study and training in return for which the pupil gives the just equivalent in her services. With such a shortage of pupils, brought about by insufficient quarters, or by any other cause, the effort of the entire staff is concentrated upon the work—to get it done. Thus the health, welfare and instruction of the pupils is here seen to depend upon the hospital; and since the conviction is held, and strongly, that all pupils must live in the quarters provided for them, usually within the hospital precincts, and under its control, no remedy for this state of affairs seems likely to come from any other quarter. The pupil, even if she lives in the same city in a comfortable home, cannot live there and go to her school daily, as is customary in other educational institutions (?), but must occupy the space in the nurses' quarters which would at least provide room for one more worker for the force. There seems lack of true economy in this method, but it is, of course, so greatly for the advantage of the hospital, and so apparently essential for its smooth running, that any other system will not easily find favor.

In discussing this phase of our subject, I am not unmindful of the number of large, comfortable and even luxurious homes for nurses which, of recent years, have been built in connection with several of our best-known hospitals, but these form a comparatively small number among the 1,000 or more training schools which we are considering.

It is when we approach the actual education of our pupil and attempt to carry out the promises which have been made to her, that the resisting power of the hospital becomes more and more strongly felt, and the enormous difficulty with which it meets even the least of its obligations in this respect is clearly seen. There is no place in its strenuous scheme of life for the machinery of a school. All the space, the effort, the means which the hospital can provide are needed to carry out its immediate purpose, which is the care of the sick, and any scheme of education must, of necessity, take a secondary and insignificant place. A school, to fulfill its functions, cannot take such a place; it calls for teachers, classrooms, equipment, and every subject offered in the curriculum needs these to a greater or less degree. Some subjects, to be taught at all, require a laboratory as well. The teacher is presumably a person specially prepared to teach, with ability to handle certain subjects efficiently, and with time to meet his class regularly, to know his students, and to be interested in their advancement. How far is it possible for the hospital to provide anything of this nature? In perhaps eight hundred out of the thousand schools a good proportion of the teaching given is that comprised in a series of lectures, given gratuitously by different physicians of the staff. That they are fre-

quently cheerfully given, and that much of such teaching is excellent, as far is it goes, does not essentially alter the main facts, which are that such teaching is dependent in its character upon the particular views of that particular physician as to the education of nurses, and upon good-will and circumstances as to regularity and system. It has no stable character of its own. It may or may not cover a certain definite ground. It may be good, even excellent, or it may be worthless as teaching. The school has little power to choose which it shall be. With neither means to pay for suitable teaching, nor freedom to choose the teacher, it must accept whatever is within its reach. I have known an entire short course of lectures, of great importance, offered in the curriculum of a school by a talented, but busy, physician, postponed from month to month, and finally the year concluded without even one of them. I have known the opening lecture of a course postponed for four weeks in succession because the physician giving the course was either suddenly called out of town, or engaged by an emergency within, or by an important dinner. I have known certain subjects which belonged in the very beginning of the year transferred to the end of it, or even to a subsequent year, and upon these lectures might depend the ability of the student to comprehend much of practical work she was then engaged in performing. In hospitals where there is a medical school attached, there is less difficulty in securing systematic teaching, since the embryo professor of medicine is apt to look upon the school as a useful place in which to test his own powers. The teaching thus given by young residents is often good as to substance, and is sometimes carried on with interest, occasionally with enthusiasm, but much of it bears the hall marks of youth and inexperience.

Turning from the teacher to the subjects taught, this matter also is governed by the ability or will of the hospital to provide. Such a fundamental subject as foods, their properties and preparation, was not taught in many training schools in certain States until the laws of the State for the registration of nurses was the means of compelling the hospital to provide this most essential teaching; and other important subjects, equally fundamental, may be entirely omitted from the training school curriculum. Although the teaching in most of our schools is elementary from beginning to end, yet there is the power to restrict this teaching, or to reduce the ground covered in a certain subject to the barest outline. This power rests with the hospital, and at times it may really rest with one member of the Board of Trustees or of the hospital staff. The individual who thinks "this idea of teaching nurses so much is all nonsense, anyway," will not view with favor anything which carries the pupil nurse very far from her long hours of practical work in the wards, and he will be especially suspicious, and apt to shy violently at the mention of bacteriology, for instance, or the still more hopeless subject of pathology. Yet, in the opinion of

the speaker, there is no one subject in which it is essential for the nurse to be more solidly and thoroughly grounded than in bacteriology. Dealing with the causes of disease and with their prevention, it seems to her the very basis on which her subsequent training and education must rest, and largely her safety and efficiency in her professional work. The subject, in fact, in certain of its essentials, might well form part of the education of every citizen, and it is interesting to note that, while on the one hand there may be anxious discussion as to whether it is advisable to give the pupil nurses four or six lectures on this subject, in another direction, students of domestic science who are preparing to teach cookery to children in the public schools are offered, and rightly, a full half-year course in bacteriology.

As to classrooms and equipment, while in certain schools there is one classroom and some equipment, there is in hundreds of schools not the slightest pretence of either. The classroom may be the screened-off end of a sitting room; it may be the dining room; it may be any room which can at short notice be supplied with chairs and table and blackboard. In scarcely any school is there a classroom large enough for the entire body of pupils to be assembled together; and when we come to equipment, material for teaching, such as microscopes, maps, charts, photographs, models and specimens, there is such a painful void that one sometimes wonders how the teaching can be carried on at all. It is almost inconceivable that a body which takes upon itself the function of a School Board as well as a Hospital Board should so lightly view its responsibilities.

And yet, with all our certainty that this equipment should be found in a school, can we wonder if the hospital, with its limited funds, conceives its first duty to lie in providing its patients with food and other necessaries. It is hard, indeed, to see how the average hospital can possibly provide these requisites of a school, yet they are requisites none the less.

It is, I think, generally conceded that teaching given in the evening, after a day of hard physical effort, is of very limited value. Yet, until very recently, nearly all of the teaching in training schools was given in the evening, and the eight o'clock lecture was the educational event of the week. I am happy to say that there is now a distinct effort being made to bring classes and lectures forward into the afternoon.

As to the practical teaching and training in the wards, it will probably be said that here at least the hospital provides amply for all needs of the pupil, for even at the minimum she must work in the wards or other hospital departments eight hours daily; so that, while two hours weekly is the average, and three the maximum for theoretical teaching, from fifty to sixty hours of ward work are required weekly of the pupil, even under the easiest conditions. The suggestion that in any of our training schools for nurses there

is an undue proportion of theory would be ridiculous, if it were not pathetic. We are all mentally lazy, and it is often true that the pupils will say they love their active work in the wards, and do not enjoy their study; but that does not alter the fact that they need the study, whether they enjoy it or not. It is probable that if they were less physically tired, studying would seem more attractive.

I should add that there is a brief period in the preparatory course in certain schools where much of the theoretical work of the year is crowded into a few months, and more than two or three hours weekly may perhaps be given under these circumstances.

But now how about this teaching and training in the ward, which we have agreed is so valuable? If it is so important, it is, of course, carefully carried on by highly qualified nurses, specially prepared to teach over the patient the most skilled and perfect methods of nursing. The young pupil must be taught how to observe and record every trifling change in the patient's condition, and what action such a change calls for. She must be taught every process needed, its every detail, and these processes are many. She must then practice each process assiduously, under criticism and supervision, until it can be performed with that ease which is the final perfection of skill; and then she must be taught further under what conditions the process itself must be varied, adjusted, modified to suit the different temperaments and needs of the sick.

Now, I do not need to say that anything even faintly resembling such a method of teaching is not carried out in any complete and satisfactory way in our training schools. The pupil is in the ward to do the work, and to do as much as she can possibly accomplish in a given time. In many hospitals, and especially in certain departments, she works under pressure every hour; and not only has she no time to be taught, but the head nurse of the ward has no time to teach her. This, I think, is true of all large general hospitals where there is an acute service; it is especially true of those with medical schools attached, where, for clinical purposes, prolonged and repeated rounds may almost detach the head nurse entirely from her ward. I have many times been unable to secure a needed conversation with a head nurse for an entire morning, and have gone to a certain ward as many as four times between the hours of eight and twelve, to find her each time in attendance upon a clinic. In such hospitals there are usually one or more assistants who render valuable service in the way of bedside teaching, but their executive duties are many, and they can seldom do what is needed in this direction. In the smaller hospitals the opportunities would be better, that is, the head nurse might have more time, but here again one is met by the fact that there is often no head nurse, but a pupil at the helm, and that the limitations in numbers and variety of patients provide less satisfactory opportunities. In certain small hospitals all of the teaching in both

classroom and ward is done by the overworked executive head of the hospital. So that this invaluable field of teaching, the hospital ward, becomes the place where the pupil passes through a succession of experiences and performs over and over again certain acts; but its use as a place for definite study—observation, instruction and suitable development—is little to what it might be. Its best actual teaching is that given in order, system, method and discipline. "A nurse may potter about in a ward for a year and learn very little without definitely directed teaching," said Florence Nightingale many years ago.

The question of the length of training of the pupil is so important that it should be treated at length, and independently, yet, since it forms, perhaps, the greatest of training school problems, a brief consideration of the matter should not be omitted here. Those who have, by reason of long and varied experience in training school work, the best right to know how and under what conditions nurses should be taught and trained, believe that it is not possible to give the average pupil a full, complete and thorough training in less than three years. The speaker is one of those who hold this belief. The applicant of to-day is a very different problem from the mature woman who entered the training school fifteen or twenty years ago. In conformity with hospital, and probably other economic needs, the age entrance has been brought down from twenty-five years to twenty-three, then to twenty-two, and even to twenty-one years, and I have heard of certain schools where, in desperation, they admit at nineteen and twenty, straight from the high school.

The applicant to-day, again, differs from the earlier in having a less careful home training. She does not bring to the school, whatever her other qualifications in education, in natural ability or personality, the knowledge of domestic affairs which was usually possessed by the applicant of twenty years ago. Nor has she met any of those home responsibilities which we used to consider, and still do consider, one of the most valuable qualifications which an applicant can bring.

For these reasons alone—the lowering of age of entrance, the lack of maturity, of home training, of proper ideals of duty and responsibility—the applicant of to-day needs a longer and more careful training to bring her up to the standard of her predecessor in this work. But to this fact we must add another, and one not sufficiently recognized, that there is a wide difference between the requirements which the profession of nursing made of its members twenty years ago, and the professional requirements of to-day.

Twenty years ago, our pupils, as they left the Training School, had practically but one field of work open to them, since the institutional positions were few, and district nursing almost unknown. To-day not only have many new avenues for the nurse opened up that were practically undreamed of at that time, but the familiar

ground of private work has itself so developed as to call for a more thorough, varied and longer training for the pupil.

During recent years the care of infants and children has become the subject of special study and investigation among physicians, and now ranks as a specialty, requiring of the nurse that some months in her training be devoted to this most important subject. In nervous diseases, to which, as Dr. Weir Mitchell says, "the nursing of all other diseases is as mere child's play," the pupil must at least during her training be thoroughly grounded, even if later she obtains additional and special training. The advance of surgery and its development into many separate and distinct fields, such as brain, abdominal, orthopedic and other special branches, compels some corresponding increase in the training of the pupil. It must be enlarged and strengthened to meet the new needs. Where formerly one month in the (perhaps single) operating-room used to serve for the entire training of the pupil, now not less than three months, as a rule, suffices to give the pupil any real familiarity with the bewildering variety of articles and materials used, and with the prescribed technique in handling them; any lack of understanding on her part which leads her to an error may be as fatal to the patient as if made by the surgeon himself; and the same holds true of almost any phase of her work.

As to institutional positions, they grow in number and importance, and where, a few years ago, there were few nurses so occupied, there are now some thousands, if one includes, as one should, not only the Superintendents of Hospitals and Training Schools, but those who fill the offices of Assistants, Supervisors and Head Nurses in them. A fair number probably of the members of this Society are Trained Nurses, the product of our Training Schools, and are in the positions they hold by virtue of that training and the powers which it developed in them, and, apart from the more personal issues of general education and culture, are filling their high offices with skill and ability in direct accordance with the character of their training and the ideals which it set for them. The call for nurses to fill such hospital positions is ceaseless, and we cannot meet it adequately until we can attract into our Training Schools more women of thorough education and the serious and earnest purpose in life which it usually brings.

Nor does the call for the Graduate Nurse cease when the institutions and private households are supplied. It comes even more clearly and imperatively to many nurses from the sick poor in the crowded quarters of our cities; from our factories and department stores, where hundreds of our own sex can be advised and helped; from our public schools, and from numberless other places where the stress and train of our modern life calls for trained and skilled helpers imbued with the spirit of service to their fellows. All the long, hot summer, they are climbing the high tenement stairs to show the young mother how to feed and care for the new

baby, whose life may hang on just that teaching; or to teach the consumptive patient what he must do for himself, and for the protection of those about him. In this world-wide struggle with tuberculosis, our nurses are placing themselves on the firing line.

It needs no argument of mine, I am sure, to convince you that the foundation for any of the various kinds of work which have been touched upon here needs to be broad, strong and carefully laid, and that no brief or limited preparation will suffice. In saying, however, that it cannot well be given in less than three years, I would not be understood as agreeing that a course of such length should be offered in the majority of hospitals. Unless a hospital can provide for a full training in every service, it is not justified in keeping the pupil for three years, and the tendency in hospitals and sanitaria of almost any kind or capacity (and frequently with very limited opportunities) to insist upon a three years' training must be looked upon as deplorable. Looked at baldly, one sees the institution willing to take an additional year of work from the pupil, in return for which it can offer little or nothing. I have in mind a private hospital, the property of one man, in which the work is, I believe, largely surgical. A training school with a two years' course was established, and not long since a third year was added. Almost all of the special nursing in this hospital is done by the pupils, and they are, I am told, placed on special duty at a very early stage in their training. One year of training would probably amply cover all that this enterprising institution has to offer.

In this attempt to place before you some, at least, of the problems with which the Training School is confronted, I am led to believe that they are all mere aspects and phases of one single problem, and that problem is the relation of the hospital to the Training School. Familiar as we all are with the present system, it is not easy to entertain the idea of anything different. Yet there are those who feel that, in the best interests of both hospital and Training School, some reconstruction of that system is necessary; that much of the teaching, especially all of that fundamental work included in the preparatory course now given in the hospital, should be given outside of it, in a central school, which could do for a number of hospitals what each one is now trying to do for itself; and that this central school should take upon itself the direction of the education and the responsibility of arranging with different hospitals for the practical training of the pupil in all the various services. In other words, that the Training School should rest upon a foundation not unlike the Medical School. Such central schools could, in course of time, help to solve the problem of nursing in some of the small, special, or private hospitals, now struggling to maintain their own separate schools.

I should like to add my personal belief that the pupil should pay for her training straight through, but that she should be more independent of the requirements of the hospital, which, in some departments, should be partly met by salaried workers.

I am by no means presenting new ideas to you in these suggestions. Most of them have already been made by a good many people. The need of such a central school was admirably presented by Dr. Francis Denny in the *Boston Medical and Surgical Journal* for June, 1903; Dr. Richard Cabot has written frequently and convincingly on the subject; while Mrs. Hunter Robb, in a noteworthy paper read in Washington some years ago, outlined a plan for such a school, which should be carefully studied. An article by Dr. Oldfield, in the *Westminster Review* a few years ago, advocated a Royal College of Nurses and the granting of degrees. I confess that nursing, as I see it, seems to me as worthy a place in the scheme of the University as any art or science in it.

I have tried in this paper to lay before you as faithfully as I could some of the difficulties with which our Training Schools are contending, which are apparently the inevitable result of the present relationship between school and hospital. To me, at least, they seem serious, and I would think they merit your attention and most thoughtful consideration. This is no question of doctor *versus* nurse, or of hospital *versus* training school; each is essential to the other. The question is, what is the very best that we can do for our Training Schools? The various classes of people and the institutions in the community which have come to lean upon the Trained Nurse, and to be dependent upon her services, require of us that we should, in our teaching and training, put her in the way of developing those services to their ultimate power and usefulness.

M. A. Nutting.

CANADIAN TRAINING SCHOOLS FOR NURSES.

Trained nursing is the outcome of the reformation that has been gradually taking place in the practice of medicine. We know that there are preventive and curative agents outside of pills, powders and dosage; for however good the treatment may be, to be of value, it must be carried out fully and faithfully, and the ordinary hygiene of the sick room, the special rules for sick diet must be observed by a person of intelligence, tact and unwearying vigilance, or a great deal of the work of the physician is lost.

As early as 1859, Florence Nightingale felt this, and handed over the fund that had been presented to her after her work in the Crimean War to St. Thomas' Hospital, for the purpose of opening a school for the training of women in the care of the sick and the wounded. This school was called the Nightingale Institution. Unfortunately, the class and the number of women who entered it did not give promise of great success to the movement. They were women who saw before them the prospect of respectable and comfortable living without undue expenditure of labor.

About 1868 an appeal was made to Miss Nightingale for assistance in reorganization, and a new order of things was instituted. After an almost wholesale weeding out of the old nurses, a better class of women was taken on as nurses, sisters and hospital superintendents. Two classes of probationers were given instruction—probationers and special probationers. The former class included those who received, during their year of training, from the Nightingale Fund payment in money and clothing to the value of about £16, or $80. The latter paid £30, or $150, for maintenance during the year of their training. This arrangement was made to give gentlewomen an opportunity to qualify themselves in the practice of hospital nursing. The training occupied one complete year, after which they were expected to continue their work for three years in connection with the hospital or some institution for the care of the sick.

Even this improved training did not supply the need nor give the comprehensive education required to elevate nursing to a scientific art, although, it was the only systematic one given in England at the time. In the *Lancet* of May 21st, 1872, we find the following:

"The importance of efficient and skilled nursing in the management of the sick is now so thoroughly understood and appreciated that we do not hesitate to acknowledge our satisfaction in meeting with the following paragraph in a notice circulated among the influential members of the profession in London and the aristocracy generally: 'It is proposed to establish an institution in this country similar in its objects and constitution of the Frauen Verein, of Darmsdadt, Germany. It will be intended chiefly for the education of ladies who are anxious to devote themselves to nursing as a profession.' "

This institution was called the National Nursing Association.

From these beginnings we find the spread of training-schools for nurses to the other hospitals in London and England, across the Atlantic to the United States and to Canada. The year 1872 saw the opening of three training schools for nurses in the United States, namely, Bellevue, New Haven, and the Massachusetts General, all three being the outcome of the conditions existing during and after the Civil War, and brought about by the earnest efforts of a few charitably disposed ladies, with the expenditure of much time, labor and money. The training received at three schools was to fit women to care for the sick poor.

In Canada, the town of St. Catharines was the first to follow the lead of Miss Nightingale. In the year 1873, plans were laid for establishing a training school for nurses in connection with the General and Marine Hospital, which had been founded by Dr. Theophilus Mack, in 1865.

Dr. Mack was untiring in his efforts to promote the usefulness of the hospital, and to his remarkable enterprise is largely due the

fact that a training school for nurses was established in St. Catharines long before the larger cities of the Dominion had taken this question up, and indeed at a time when nurse training schools were practically unknown on the continent, and only a few of the larger hospitals in Great Britain were known to be training nurses.

Dr. Mack and those connected with him, being anxious to introduce into Canada the system of training that was proving such a success in the old land, Miss Money, the Matron of the hospital, was commissioned to go to London, England, for the purpose of bringing out two trained nurses and others willing to be taught, to the number of five or six.

In the winter of 1873, Miss Money sailed upon this mission. She returned early in 1874, bringing with her three trained nurses from Guy's Hospital, London, and by June of the same year St. Catharines Training School for Nurses was established. It was afterwards given the name of the Mack Training School in honor of its founder.

During Miss Money's absence in England, Dr. Mack, by the kind assistance of benevolent friends, was enabled to rent and furnish a house suitable for a nurses' home, and to fund a sufficient sum of money for its maintenance for one year.

This house the nurses occupied until a home was erected on the hospital grounds for them, which was in the early years of the Training School, so that at no period in its history have the nurses of this institution been housed in the hospital building.

The early graduates of the Mack Training School were called "Sisters," and wore an outdoor uniform, both of which customs were discarded many years ago.

From the rules and regulations of the school at that time, we quote: "The nurses must sign the by-laws and constitution, binding themselves to serve three years, the first six months as probationers, free; after that period they received, in addition to their board, a fixed stipend, payable monthly, or quarterly, and a sufficient supply of uniform clothing each year.

"Every woman entering upon the service must give satisfactory evidence of purity of motive, of good character, and Christian conduct, and of having received the elements of a plain English education.

"The nurses, in the daily discharge of their duties, must observe the strictest secrecy, and carefully avoid 'gossip,' and their demeanor should be kind and respectful on all occasions, and when on duty at private houses, they are expected, in addition to taking complete charge of their patients, to avoid giving unnecessary trouble; to wait upon themselves, and to pay the closest attention to the preparation of ailments for the sick, as well as to cheerfully assist in any matter not strictly within the limit of their duty."

This is the oldest school in Canada, has been in existence con-

tinuously for thirty-five years, and is to-day one of the best-known of the smaller training schools.

In the *Canada Lancet*, July 31st, 1877, we read as follows: "It is proposed to establish a training school for nurses in connection with the General Hospital, Toronto. Miss Goldie, Lady Superintendent of the hospital, will assume the management. She has had considerable experience in the Franco-Prussian War and in British and Continental hospitals, and is therefore eminently qualified for such an undertaking. It is proposed to take about twenty young women and distribute them about the wards of the hospital, where they will have to discharge the duties of the nurses already in the place. The period of residence will be about six months, and the fees will be fifty dollars for the period, including board and lodging. Appropriate lectures will be given by medical gentlemen of the city. Those wishing to enter should apply at once to Miss Goldie."

It was not, however, until four years later, April, 1881, that the Training School in connection with the hospital was really established. Up to this time, the nurses were of the type found in all hospitals prior to the establishment of training schools. Educational advantages were not considered essential, and, indeed, most of these women were of the charwoman type, and were more anxious to keep up their own spirits by an occasional touching of their lips to the bottle than to concern themselves about the comfort and welfare of their patients. They slept in rooms off the wards, and took their meals in the basement.

One of these was old Nurse Eliza, who, after being pensioned off, was given a bed in one of the hospital wards. She smoked her pipe at will, and had her daily allowance of spirits. A scarlet fever patient was admitted, in error, to the ward where she slept, and the doctor having ordered a disinfecting bath for all who had been exposed to the infection, she was heard to exclaim, with much indignation, "Think of me, a woman eighty-three years old, never had a bath in my life, being ordered to do such a thing."

The staff at this time consisted of six or seven head nurses and twenty-seven pupil nurses. The head nurses, by the way, had not then received any training, and one of them, in later years, explained proudly how she had been made head nurse one week after entering the school. The Assistant, Miss Starry, a graduate of an English hospital, was the only one in the school who had any training in hospital work.

In 1884, the Training School was reorganized on a modern basis, under the management of Miss Snively, a Canadian, and a graduate of Bellevue Hospital, New York, the present Superintendent of the School, and from this time forth the spirit of improved nursing was abroad in our land.

The Training School of Toronto General Hospital is the largest

in Canada at present, having one hundred and ten pupil nurses on the roll.

In the year of 1886, two Training Schools were organized, one in connection with the Hospital for Sick Children, Toronto, with four pupil nurses. Only one of these remained in the school long enough to receive her diploma two years later. This school has 60 pupil nurses in training at the present time, and is to be congratulated on having the finest and most beautifully equipped home for its nurses on the continent, the gift of Mr. John Ross Robertson.

In the same year a school was organized in connection with the General Hospital at Kingston by the late Dr. K. W. Fenwick. Four nurses composed the staff, three of whom completed the two years' term.

In the year which followed, the number of schools for nurses grew apace, in connection with hospitals large and small. Of these, we will only have time to mention a few of the more important.

The Lady Stanley Institute for Trained Nurses, Ottawa, organized in 1890, at the suggestion of Lady Stanley, wife of the Governor-General of Canada at that time, and named after her. This was an independent corporation, though the pupils received their practical training in the wards of the County of Carleton General Protestant Hospital, and in the Ottawa Maternity Hospital.

In March of the year 1901, the Lady Stanley Institute was, by Act of Parliament, amalgamated with the County of Carleton General Protestant Hospital. The training school then became an integral department of the hospital, under the same management and control. The Act provides that it shall be maintained by the hospital, and continue to be known as the Lady Stanley Institute for Trained Nurses.

Another of the schools organized about this time was that in connection with St. Michael's Hospital, Toronto, opened in 1892 with five pupil nurses. This school has now 45 pupil nurses.

The oldest and best-known school in British Columbia is that of the Royal Jubilee, in Victoria, founded in 1897, in commemoration of the Diamond Jubilee of our late Queen.

In Manitoba, the Winnipeg General has been doing good work for a number of years.

In Lower Canada, the honor of establishing the first training school (1890) belongs to the Montreal General Hospital. Many attempts made previous to this date had ended in a failure. As early as 1870, a Matron was selected and sent out to the hospital by Miss Nightingale, but after a few years of uphill work, she returned to England. Whether the methods employed were at fault, or whether those in authority failed to grasp the situation, it is difficult to say, but the various attempts, as I have said before, were dismal failures. Like all other hospitals of that period, the Montreal General had its trials, the same faulty methods prevailing there as elsewhere. The nurses were hired by the month, and

treated as servants, but neither housed nor fed as well as the servants of to-day. To-day the Montreal General is the second largest school in the Dominion, having eighty-five pupil nurses.

Montreal also boasts of another large school, the Royal Victoria Hospital, organized in 1894, the pupil nurses on the roll this year numbering seventy-six.

When we remember that, thirty-five years ago, there was but one training school in Canada, and that to-day we have over one hundred well-organized schools, and over fifteen hundred pupil nurses in training, we feel that we have every reason to be proud of our position in the nursing world. When we think of these schools, extending over the country from the Atlantic to the Pacific, each with its carefully planned scheme of teaching, with its pupil nurses, young women of education and intelligence, provided with teachers and lecturers chosen from the best talent available; each with its careful training in dietetics, and most of them with fine homes and recreation grounds, we realize that it is a far cry back to the days of the good, old, motherly nurse, who picked up knowledge by experience, that is, by experimenting upon their patients, and who learned the best way of doing things by trying all the worst first.

While many difficulties have been overcome, and much accomplished for so young a country, we cannot afford to rest content with the success achieved. Much time, labor and thought have been expended, many prayers and heart-burnings offered up by the pioneers of training schools to bring the work thus far, and we, too, must bear our share, remembering that,

"New times demand new measures and new men;,
The world advances and in time outgrows
The laws that in our fathers' days were best;
And doubtless, after us, some purer scheme
Will be shaped out by wiser men than we,
Made wiser by the steady growth of truth."

C. H. GREENE,

Supt. Belleville. Gen. Hospital.

Write on your doors the saying wise and old,
"Be bold! Be bold!" and everywhere—"Be bold;
Be not too bold!" Yet better the excess
Than the defect; better the more than less;
Better like Hector in the field to die,
Than like a perfumed Paris turn and fly.

—*Longfellow.*

THE Victorian Order is now in its eleventh year, and at the present time there are 17 hospitals connected with it and 21 districts, and the work is extending all the time. There are still many places from ocean to ocean where one or more visiting nurses are an absolute necessity.

In the slums, in the homes of the workingman, in school work, in the logging camps in the western part of the Dominion, on the prairies and in the mining towns; from where the soft breezes of the Pacific cool the fevered brows of the hewer and chopper, to the cold, forbidding shores of Labrador, the Victorian Order nurses are working, and wherever they have been the testimony goes forth that their service has been a beneficent one.

Away up on the coast of Vancouver Island, 130 miles north of the city of Vancouver, is found one of the busiest little hospitals in the country. This is Queen's Hospital, Rock Bay. The building is owned by the B. C. Mills and Lumber Company, the hospital is financed and managed by the Columbian Coast Mission, and the nursing is taken care of by the Victorian Order. The staff consists of a doctor and two nurses, and the patients are brought from the logging camps for miles around by the Hospital Mission boat "Columbia." This hospital can accommodate twenty patients, and many a life has been saved and the journey into the great beyond made less painful for many a poor fellow, because of that little hospital on the beautiful shores of Vancouver Island, exquisitely beautiful in its wild, rugged solitude—a veritable realm of silent places!

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild. Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216, Drummond Street.
OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.
TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

"DEVOUT AND HONORABLE WOMEN."—ACTS XIII. 50.

Some are devout but not honorable; some are honorable but not devout; some are neither devout nor honorable; and some are, thank God, both honorable and devout. It is in the standard set us in the fourth class, in words translated from the Vulgate, that we find our motto for the Guild Anniversary, *Mulieres religiosas et honestas—devout and honorable women.*

It is well to have a standard: it is what nurses are asking for every day. Our lives, they say, and say truly, are so different from other people's lives; our hours are so different from other people's hours; our difficulties are so different from other people's difficulties. Cannot you give us a standard at which to aim—something high to fly at, and yet not "high flown"—something that is both practical and ideal; something that will satisfy the loftiest aspiration, and yet won't damp the aspiration of the practical nurse, who has got to live in hospital, or district, or at some private case? This was the question asked by a daily paper not long ago. We want someone to tell us, it said, the *type* of nurse we are to aim at having in the future? We know: we can answer the question. Short and clear the answer comes from that old Book written by a Physician—the type of nurse that we want in the profession is the woman who is both devout and honorable.—*Canon Holmes.*